DOCUMENT RESUME

ED 064 852 EC 042 629

TITLE	Project Child. Final Report.
INSTITUTION	Educational Improvement Center, Pitman, N.J.
SPONS AGENCY	Margate City Board of Education, N.J.; New Jersey State Dept. of Education, Trenton.
PUB DATE	72
NOTE	66p.
EDRS PRICE	MF-$0.65 HC-$3.29
DESCRIPTORS	Demonstration Projects; *Exceptional Child Research; *Identification; *Learning Disabilities; *Parent Role; *Preschool Children; Questionnaires; Surveys

ABSTRACT

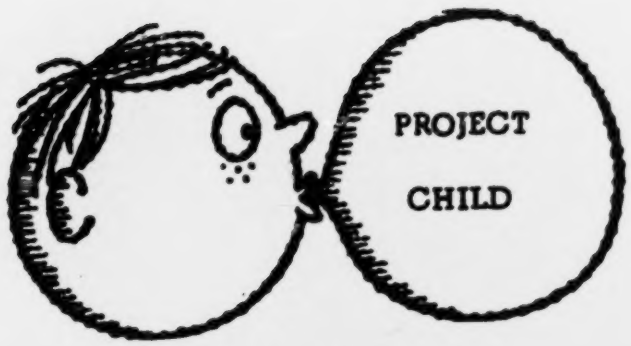
Project Child was explained to be funded under the Elementary and Secondary Education Act Title III and was described to be a regional model demonstration program for the identification of preschool handicapped children especially with learning disabilities. Primary goals of the project were reported to be stimulation of parents and public to realize potential of preschool screening, development of better screening devices, and identification of exceptional children in preschool population to facilitate helping them before entering school. Project Child was then explained to be drafted as a three-phase, 3-year project; the phases involved collection of data from parents about exceptional children in eight counties of southern New Jersey, establishment of demonstration program, and development of regional master plan. Analysis of data showed an overall prevalency rate of 15.1% of children with potential learning problems. Charts provided handicapped data for each of the eight counties. Then reviewed were followup projects, such as interviews with school superintendents, discussions with parents, evaluation questionnaire, and Regional Co-op Project. It was concluded that the project served to make the public more aware of its handicapped populations and of the necessity of the educational system to serve all its children. (CB)

ED 064852

PROJECT CHILD

EC 042 629E

AN EARLY CHILDHOOD IDENTIFICATION PROJECT



Final Report

ESEA

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
OFFICE OF EDUCATION
THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL OFFICE OF EDUCATION POSITION OR POLICY.

Elementary Secondary Education Act
Title III
A Regional Model Demonstration
Program for the Handicapped

sponsored by:
Margate City Board of Education
New Jersey State Department of Education

conducted by:
Educational Improvement Center
Southern New Jersey Region
P.O. Box 426
Pitman, New Jersey 08071

Mr. H. Francis Rosen, Board Chairman, EIC
Mr. Sherwood Wilson, Director, EIC
Mr. Paul B. Winkler, Assistant Director, EIC
Director, Project Child

July 1, 1969 - June 30, 1972

PROJECT CHILD CREDITS

On behalf of the children who benefited from Project Child a debt of gratitude goes to the Parent Teacher Association of New Jersey and the many other parent and community groups who participated as volunteers throughout the life of project.

TITLE VI
OF THE CIVIL RIGHTS
ACT OF 1964 States:

"No person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance."

The project presented or reported herein was performed pursuant to a Grant from the Department of Education, ESEA Title III, State of New Jersey. However, the opinions expressed herein do not necessarily reflect the position or policy of the State Department of Education, and no official endorsement by the State Department of Education should be inferred.

TABLE OF CONTENTS

INTRODUCTION 5

CHAPTER I – ORIGINAL PROPOSAL DEVELOPMENT . . . 7–8
COMPREHENSIVE SPECIAL EDUCATION MASTER PLAN
NEEDS SURVEY
RESOURCE SURVEY
DEMONSTRATION PROGRAMS

CHAPTER II – DEVELOPMENT "PROJECT CHILD" 9–38

INTRODUCTION
JUSTIFICATION
GOALS
PROCESS

QUESTIONNAIRE DEVELOPMENT
DATA COLLECTION – SURVEY
SUMMARY & CONCLUSIONS

FINDINGS – CHILDREN
RESOURCE SURVEY

CHAPTER III – FOLLOW UP PROJECTS 39–64

ADMINISTRATIVE FOLLOW-UP
PARENTAL FOLLOW-UP
TITLE III PROJECTS
FOLLOW-UP SURVEY
FINDINGS

CHAPTER IV – CONCLUSIONS & RECOMMENDATIONS .65–68

INTRODUCTION

The potential for Early Childhood to become a major discipline was recognized and emphasized years ago by such pioneer scholars as Comenius, Froebel, Montessori, Hall, and the McMillans. Today, after years of dormancy, we are witnessing a renaissance of interest in the early childhood period. Its impact is evidenced by the number of articles, books, and preschool programs appearing on the scene since Head Start began in 1965.

This upsurge of interest in the early education of young children is probably the result of findings in the related literature which appear to indicate that the preschool years are most critical for a child's future development. For instance, J. McVicker Hunt (Intelligence and Experience) indicates that modifying a child's environment during his early formative years can lead to great improvement in his intellectual capacity later on. Relative to this, Benjamin S. Bloom **(Stability and Change in Human Characteristics)** suggests that at age four, a child has already developed fifty percent of his total intellectual capacity as an adult; by the age of eight, he has attained eighty percent of his capacity.

Seemingly then, the early years are the most feasible time to identify, alleviate, or eradicate a child's mental, physical, social, and emotional deficiencies. Thus, the lack of attention to a child's handicaps during the early childhood development period may lead to irreversible deterioration of his potential for leading a more normal useful life.

Over six million children suffer physical, emotional, and mental handicaps; yet it is estimated that only 2.5 million currently receive special educational services. These children require specialized attention if they are to fulfill their potential as participating contributing members of society. The handicapped child requires special educational services designed to meet his specific needs. According to information collected during 1969 by State Departments of Education, fewer than forty percent of school-age handicapped children are receiving appropriate special services. The extent of unmet need for handicapped children in the pre-school age range is much greater.

This apparent lack of attention to the needs of the preschool handicapped child in federal, state, and local programs is not caused by general failure of special educators to recognize the problems. In fact, most state and local education plans for the handicapped place preschool programs high on their list of goals. Unfortunately, however, the development of preschool programs for the handicapped has been inhibited by the paucity of model or prototype programs which could provide the basis for local planning and by the lack of structured information on the factors making for success in early intervention with various types of handicapped children.

With this theme in mind, "Project Child" was organized to develop and carry out techniques of identifying preschool handicapped children in the southern part of New Jersey.*

*The geographical area includes approximately 1/2 of the State of New Jersey and 1/3 or 8 counties: Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Ocean and Salem.

CHAPTER I

ORIGINAL PROPOSAL DEVELOPMENT

A cooperative program between the Educational Improvement Center* and the State Department of Education was the outgrowth of the need for more adequate determination, projection, and cooperation in providing quality education for the exceptional child. Representatives of the State Department of Education's Branch of Special Education and Pupil Personnel Services attended a board of directors meeting of the Educational Improvement Center and presented a concept for improving special education services by accumulating basic data information about exceptional children's needs and developing a regional master plan to meet these needs. The board of directors, composed primarily of county superintendents, supported this concept and agreed to draft a proposal requesting federal funds under Title III of the Elementary and Secondary Education Act to carry out such a project in the eight counties of southern New Jersey.

Subsequently, the Educational Improvement Center asked special education personnel to serve as consultants and assist in drafting the proposal. The proposal, through their input and direction, was drafted as a three-phase, three-year project. Phase I, effective July 1, 1969 to June 30, 1970, was designed to collect, categorize, and analyze basic data about exceptional children residing in the eight counties and the resources available to address their needs. Correlation of this data would provide the basis for the compilation of a Needs-Resource Data Bank. This data bank would then serve as a foundation in providing information for Phase II. This phase, effective July 1, 1970 to June 30, 1971, had as its primary objective the initiation and implementation of a model demonstration program to meet the ascertained needs. The final phase, effective July 1, 1971 to June 30, 1972, had as its ultimate goal the development of a regional master plan. This would be achieved by the Educational Improvement Center, in cooperation with the State Department of Education and local districts, evaluating the model demonstration programs and revising or eliminating those programs considered inadequate or infeasible. Then, utilizing the data bank again, appropriate resources and programs would be extended until the needs of the entire region are met.

Four major phases were necessary to the project. They were the establishment of a **Comprehensive Special Education Master Plan, a Needs Survey, a Resource Survey and Demonstration Programs.**

The first major phase, the **Comprehensive Special Education Master Plan,** would serve many purposes. Its content would primarily be intended for use by the County Superintendent, the Child Study Supervisor, professional staffs, resource consultants and training personnel and the State Department of Education. The secondary purpose would be to provide information to the public, especially to parents of handicapped children. The Master plan would be the authoritative document which addresses the specific special educational needs of all children in the region, providing a systemized approach to integrate all current and projected activities to better serve the needs of the handicapped. It would delineate approaches to further the coordination of

*A Title III ESEA project developed by the State Department of Education to assist school districts in southern New Jersey in meeting their needs. EIC southern New Jersey is now a permanent part of the State Department of Education.

existing services, facilities and projects for purposes of increased effectiveness and utility. Finally, it would provide uniform guidance for planning, implementing, and determining funding requirements and securing additional resources as well as coordinating other efforts.

The **Needs Survey**, the second phase, would serve to secure baseline data to support the improvement of the special education services. The intent of the Needs Survey was to determine the special learning problems of all children through age twenty-one in the region by identifying, defining, and categorizing the population in such a manner that the students it included could be most effectively helped. The survey would be structured to permit collection of the following information: primary learning disabilities, secondary learning disabilities, handicaps or problems. The survey would also try to determine the causes of the disabilities and the extent to which they exist in the general population.

Third, the **Resource Survey** would be undertaken to determine the actual and potential resources in the southern New Jersey region. The purpose of the survey would be to identify and determine means of access to all existing pertinent resources in the area. The first step would be to summarize and categorize information on resources within the public school system and outside of the schools. The second step would consist of developing a survey instrument capable of determining the quantity and quality of services available from the actual or potential resource sites identified earlier.

The fourth primary objective of this proposed project was to initiate a series of **Demonstration Programs** aimed at improving special education in the southern region. The two basic categories of demonstration programs contemplated were training and service.

Within the training programs were three types: (1) Orientation programs aimed at improving the sensitivity of adults, lay and professional, to the special needs of handicapped youngsters, (2) Pre-Service programs utilizing multi-disciplinary approaches, for lay and professional adults who are now helping to meet the needs of the handicapped, (3) In-Service training, of a multi-disciplinary nature, aimed especially at strengthening the professional support of staff members in schools in the region dealing with handicapped youngsters. The three types of service programs contemplated were: (1) establishing regional administrative and training bases for the project's operation, (2) providing consultant services, and (3) providing referrals to existing facilities such as Corbin City Center, Deptford Special Education Center, Glassboro State College and Jefferson Medical Center.

The proposal, with the Margate City Board of Education as applicant, was submitted to the Office of the Elementary and Secondary Education Act, Title III. Phase I, the exceptionality and resource identification, was approved and granted funds equivalent to one-fourth ($55,000) of the monies requested in the original proposal.

Personnel designated in the proposal were then hired. Mr. Paul Winkler was hired as the project director. Shortly thereafter Mr. Patrick McDade, a computer specialist, and Mrs. LaVerne Butzbach, a survey specialist, were hired respectively as assistant project director and project consultant. Mr. Arthur Rainear served as project assistant.

CHAPTER II

DEVELOPMENT OF "PROJECT CHILD"

Due to the limited funding, Mr. Winkler and other E.I.C. staff, the consultants, and representatives of the Special Education Division of the State Department of Education, met to redefine the objectives of Phase I. This meeting resulted in the division of responsibilities for identifying exceptional children. The State Department of Education accepted the responsibility for identifying and classifying in-school exceptional children. The Educational Improvement Center undertook the tasks of identifying preschool exceptional children, surveying available resources, and compiling a Needs-Resource Data Bank. The Educational Improvement Center designated its preschool identification as Project CHILD. The geographical area covered was to correspond to the E.I.C. area of responsibility, the counties of Ocean, Burlington, Salem, Cumberland, Atlantic, Gloucester, Camden, and Cape May.

In an era when education is valued so highly, it is inconceivable that a school system would lack educational provisions for all of its members; however, this is often the situation involving the exceptional child. Few systems provide opportunities for all of their exceptional children or completely meet the needs of those they do serve.

Quite often this is due to the lack of adequate identification procedures and/or available programs. Preschool identification, classification, and projected programming would be invaluable in organizing special education services for all exceptional children. This early diagnosis and classification would provide an extremely pertinent concentration of information for: state, county, and local special education departments; agencies and institutions; and concerned parent organizations and interest groups.

This concentration of information could be utilized to initiate and maintain professional training programs commensurate with special needs which is an important aspect as current personnel training programs are insufficient in meeting present requirements. Projected requirements would be very helpful in providing sufficient numbers of trained personnel.

Future exceptionality needs would also be of great value in determining location, size, and urgency of construction programs needed to provide adequate resources.

Where limited finances or available resources prohibit local systems from providing adequate programs, identification and classification would foster regional cooperation in providing and sharing diagnostic and therapeutic services.

An analysis of the collected data would enable the County Offices of Education to: evaluate projected needs on a regional basis; provide for long-range comprehensive planning; formulate model programs; disseminate pertinent information; make recommendations for programs to address determined needs; provide an evaluation device for their present diagnostic procedures and special education services; and greatly increase public sensitivity toward the exceptional child and his needs.

The primary goals of Project Child were: (1) to stimulate others to realize the potential of preschool screening, (2) to develop better screening devices to meet this need, and (3) to identify exceptional children in the preschool population so that they may be helped before entering school.

To meet these goals, Project Child was drafted as a three-phase, three-year project. The three phases are: (1) to collect, categorize, and analyze basic data about exceptional children residing in the eight counties of southern New Jersey; (2) to initiate and implement a model demonstration program to meet the ascertained needs; and (3) to develop a regional master plan.

The technique selected for obtaining the desired information regarding data about exceptional children was the questionnaire. After reviewing previous procedures for gathering information about exceptionalities, the project staff decided that an innovative method relying primarily on parent responses and, secondarily, on professional responses would be the most practical method. A closed form questionnaire developed for this purpose by the project staff requested individuals: to supply biographical data about the preschool child; to identify the type and cause of any exceptionality present in the child, classifying the exceptionality under specific New Jersey categories of exceptionalities. This questionnaire was examined by the E.I.C. Advisory Board and considered totally unacceptable and discarded on the grounds that it was strictly a middle-class survey and would be too difficult for the general population.

The development of a more satisfactory instrument presented some problems as the staff could not agree as to whether the new questionnaire should take a direct approach with the respondent diagnosing the child or an indirect approach with professionals diagnosing the reply.

A decision was made to consult Dr. Hummel, a pediatrician, concerning information and possible materials for developing an indirect identification instrument. During this consultation, Dr. Hummel presented a twelve-page questionnaire for indirect diagnosis which the staff considered entirely infeasible in terms of parental completion, printing, and computer preparation.

After numerous work hours and extensive thought, the project staff composed an entirely new questionnaire, which, although requesting the same basic data, required neither respondent nor professional evaluation. The questions on this form were kept relatively simple for ease in understanding, yet pertinent enough to make a reasonably accurate appraisal of a child's potential learning problems, handicaps, or difficulties. This instrument was constructed so that all information collected could be processed in computer readable formats compatible with other processing systems in the state.

In an attempt to achieve a measure of validity, the form was tested on members of the Gloucester County Association of Retarded Children. With a few recommended changes, principally in the sequential order of the questions, the instrument was considered to be valid. The recommendations were incorporated, estimates of printing expenditures were obtained, and a contract was awarded to the appropriate company.

Due to the emphasis being placed on parental identification of exceptionalities, project staff members felt that a parent-to-parent relationship would be most beneficial in achieving maximum cooperation. Therefore, assistance from the largest organized parent groups, the public and parochial parent-teacher associations, was solicited.

Initially, Mr. Winkler met with the state presidents of both groups and attended state-level meetings to present a resume of Project Child. Consequently, arrangements were made with the county officers of the public school associations and the regional officers of the parochial school groups for a meeting where detailed explanation and discussion of the project would take place. At these initial meetings, each group made a commitment to

participate. Each county or regional president was asked to appoint a coordinator and schedule a meeting with their local officers. Project staff members would attend these meetings to orientate the group to the project and define their role in it. Each local president was to be asked to prepare for the survey by: appointing a local coordinator, dividing their district into survey neighborhoods, and recruiting a survey team member for each neighborhood.

Subsequently a welcome letter for volunteers, a job task description, and a suggested plan of action were written to be dispersed by way of the project coordinator to county or regional coordinator, then on to local coordinator and finally to survey team members. Letters explaining the project and the parent-teacher organization's role in it were mailed to all involved school administrators.

Through the media of television, radio, and newspapers, publicity was disseminated informing parents of the survey. Copies of an attractive flyer describing Project Child were given to school districts to duplicate and distribute to children in the elementary schools for the purpose of spreading the word about the upcoming survey.

Simultaneously, county superintendents were contacted regarding current kindergarten enrollment figures for each district under their jurisdiction. This figure would be multiplied by the number five to approximate the number of preschool children from birth to age five present in the total population.

After questionnaires were received from the printer they were packaged along with other materials needed to conduct the survey. The county meetings were then held and the materials were distributed to the coordinators of each school district within the county. Project staff members attended these meetings and conducted training on how to do the survey.

Following the county meetings, the local coordinators held their own training sessions with their survey team members and the distribution of the questionnaires to the homes of preschool children began. Subsequently the completed questionnaires were collected by the team and returned to their coordinator who in turn gave them to the county coordinators. From there they were returned to the project office.

Alternate methods for distributing and collecting the questionnaires were used in some districts where it was felt necessary. Some of the other methods used were:

1. Parent and child were to come to central location on specific dates.
2. Questionnaires were printed in local newspapers and parents were requested to complete them and mail them in.
3. Questionnaires were sent home to families with preschool children by way of children from school and returned.
4. Questionnaires were sent to parents of preschool children to be completed and returned through the mail.

It was felt that the most effective method was the general one of house-to-house canvassing in which the questionnaires were taken directly to the homes by the volunteers and later collected directly from the homes. This will be discussed in greater detail under the conclusions and recommendations.

Additional questionnaires were sent by mail to pediatricians, hospitals, institutions, day care centers, nursery schools, preschool programs, and social agencies requesting information regarding handicapped children under their care. Replies from these sources were combined with information received from parents.

During the months of February and March, parent-teacher organization members and other volunteers canvassed their neighborhoods, distributing and collecting the survey questionnaires.

The completed questionnaires were then returned to the Educational Improvement Center, screened for responses indicating possible handicaps and coded according to the provided information. Positive coded responses were forwarded to an electronic data processing firm, transferred to keypunch cards, and computer processed through a program specifically designed for this survey.

Analysis of the data collected produced concern as to whether the ques-

EDUCATIONAL IMPROVEMENT CENTER

South Jersey Region

JOHN ROSSER
DIRECTOR

SHERWOOD S. WILSON
ASSISTANT DIRECTOR

DR. HOWARD MORRIS
CHAIRMAN BOARD
OF DIRECTORS

PROJECT "CHILD"

MAIN STREET AND
NORMAL BOULEVARD
GLASSBORO, N.J. 08028
609-881-2260

Dear Parent:

Would you be good enough to help us in a survey that will aid your local schools — public and private — better prepare for the progress of your child when he enters school for the first time?

This questionnaire contains a number of questions designed to help your schools gain information that will enable them to plan the proper facilities, instructors, and programs for all children in your area.

Through this survey the schools will have an idea of how many children are to be enrolled, the types and numbers of instructional activities required, and the special learning needs of the children.

By filling out this questionnaire you will be, in effect, helping your child to receive a better education.

The survey is sponsored by the Educational Improvement Center in cooperation with the State Department of Education.

We wish to express in advance a sincere "thank you" for your cooperation in this most important endeavor.

RETURN INSTRUCTIONS

YOUR SURVEY TEAM MEMBER WILL RETURN IN ONE WEEK TO PICK UP THIS FORM. YOU MAY SEAL FORM IF YOU SO DESIRE (PLEASE STAPLE OR TAPE).

tionnaire designed for parental response could accurately serve as an identification instrument for preschool exceptional children. It was felt that the parents interpreted and responded to the form on a medical basis since many problems were reported as mild for such reasons as, "wears glasses," "wears corrective shoes," and "has allergies to specific foods." Therefore, it was felt that the instrument could not accurately serve as an identification device but should, in reality, be considered a screening device to identify potentially handicapped youngsters.

Following you will find a copy of the questionnaire used in the project.

PROJECT *"CHILD"* PRE-SCHOOL READINESS QUESTIONNAIRE

INSTRUCTIONS: (1) Please print all answers not answered by a check ☑ mark.
(2) Please answer every question.

(1) CHILD'S NAME: _____ (LAST) (FIRST) (INITIAL)

CHILD'S BIRTH DATE Month _____ Day _____ Yr _____

CHILD IS GIRL ☐ OR BOY ☐ PLEASE CHECK ✓

(2) PARENT'S (OR GUARDIAN'S) NAME _____ LAST NAME FIRST INITIAL MIDDLE INITIAL

PARENT'S (OR GUARDIAN'S) ADDRESS: STREET _____ (NUMBER) (STREET)

TOWN _____ COUNTY _____

ZIP CODE _____

(3) NAME OF SCHOOL DISTRICT IN WHICH PARENT (OR GUARDIAN) RESIDES _____

Many children show signs of problems at an early age. These may be physical or behavioral. The following questions will help determine individual educational programs.

(4) DOES YOUR CHILD HAVE ANY DIFFICULTY WITH HIS OR HER

	PLEASE CHECK ✓ NO	PLEASE CHECK ✓ YES	IF YES PLEASE INDICATE TO WHAT DEGREE: PLEASE CHECK ✓ MILD	MODERATE	SEVERE
EYES	☐	☐	☐	☐	☐
EARS	☐	☐	☐	☐	☐
NOSE	☐	☐	☐	☐	☐
THROAT	☐	☐	☐	☐	☐
ARMS	☐	☐	☐	☐	☐
LEGS	☐	☐	☐	☐	☐
SKIN	☐	☐	☐	☐	☐
HEART	☐	☐	☐	☐	☐
LUNGS	☐	☐	☐	☐	☐
NERVOUS SYSTEM	☐	☐	☐	☐	☐
SPEECH	☐	☐	☐	☐	☐

(5) IS YOUR CHILD PRESENTLY RECEIVING ANY SPECIAL HELP? PLEASE CHECK ✓ NO ☐ YES ☐

(IF YES IS CHECKED ✓ FOR WHAT?) _____

(6) Do you feel your child needs **or will need** special help to improve his or her physical or behavioral growth? PLEASE CHECK ✓ NO ☐ YES ☐

(7) IS YOUR CHILD?

	PLEASE CHECK ✓ NO	PLEASE CHECK ✓ YES	IF YES PLEASE INDICATE TO WHAT DEGREE: PLEASE CHECK ✓ MILD	MODERATE	SEVERE
MENTALLY RETARDED	☐	☐	☐	☐	☐
CEREBRAL PALSIED	☐	☐	☐	☐	☐
BRAIN DAMAGED	☐	☐	☐	☐	☐

OTHER (Please specify) _____

Not all children's problems can be identified as physical. Sometimes a child's behavior may indicate a need for special help. Some examples of this type of behavior are little ones who easily become upset, or cry often, or frequently have temper tantrums.

(8) DO YOU FEEL YOUR CHILD HAS A BEHAVIOR PROBLEM? PLEASE CHECK ✓ NO ☐ YES ☐

Analysis of the statistical data showed an overall prevalency rate of 15.1 percent with potential learning handicaps. Due to the inability of the instrument to specifically identify preschool exceptionalities, this figure is undoubtedly high. However, even when this limitation is considered, the general prevalency rate would closely approximate national prevalence findings. It was also discovered that some individual district rates greatly exceeded the national figure. Further evidence from the study indicated that a majority of the problems reported by parents were for children in the three-to-five age group.

The results of the survey indicated that there were 4,265 children under

CHART
I

Initial Survey Response Results

COUNTIES	Number of Children under 5	Number of Forms Collected	Number of Handicaps	Individuals with Handicap
ATLANTIC	13,213	2,197	645	326
BURLINGTON	28,179	5,946	1,359	874
CAMDEN	39,677	3,786	1,638	715
CAPE MAY	3,958	1,847	393	265
CUMBERLAND	11,105	2,144	507	369
GLOUCESTER	15,882	5,356	1,180	648
OCEAN	17,792	4,352	921	648
SALEM	5,061	2,861	601	420
TOTALS	134,867	28,489	7,244	4,265

five years of age in the eight southern New Jersey counties who might have a potential handicap that could lead to a learning disability. This figure represents the initial parent identification only and does not represent the actual number of children found to have a handicap. Chart I shows the number of children under five years of age in each county, the number of questionnaires collected, the number of various handicaps indicated and the number of individuals with these handicaps. In every county the number of handicaps indicated exceeds the number of children. This is due to the fact that many parents felt their child had more than one handicap.

Chart II indicates the degree and types of handicap.

CHART
II

INCIDENCE OF SPECIFIC HANDICAPS
AS INDICATED BY PARENTS
EIGHT COUNTY TOTAL

PROBLEM AREA	MILD	MODERATE	SEVERE	TOTAL
EYE	454	248	88	790
EAR	329	108	65	502
NOSE	226	100	15	341
THROAT	344	171	35	550
ARMS	47	20	29	96
LEGS	205	82	62	349
SKIN	508	150	13	671
HEART	223	54	30	307
LUNGS	117	58	18	193
NERVOUS SYSTEM	303	120	48	471
SPEECH	922	330	194	1,446
MENTALLY RETARDED	61	51	37	148
CEREBRAL PALSIED	21	18	18	57
BRAIN DAMAGED	68	29	35	132
OTHER	20	8	394	422
BEHAVIOR	1	0	702	703

The data from the survey of parents is divided into six categories on the following graphs – They are Head Handicaps, Body Handicaps, Mental Handicaps, Speech Handicaps, Behavior Handicaps and others. Within some of these categories are specific areas:

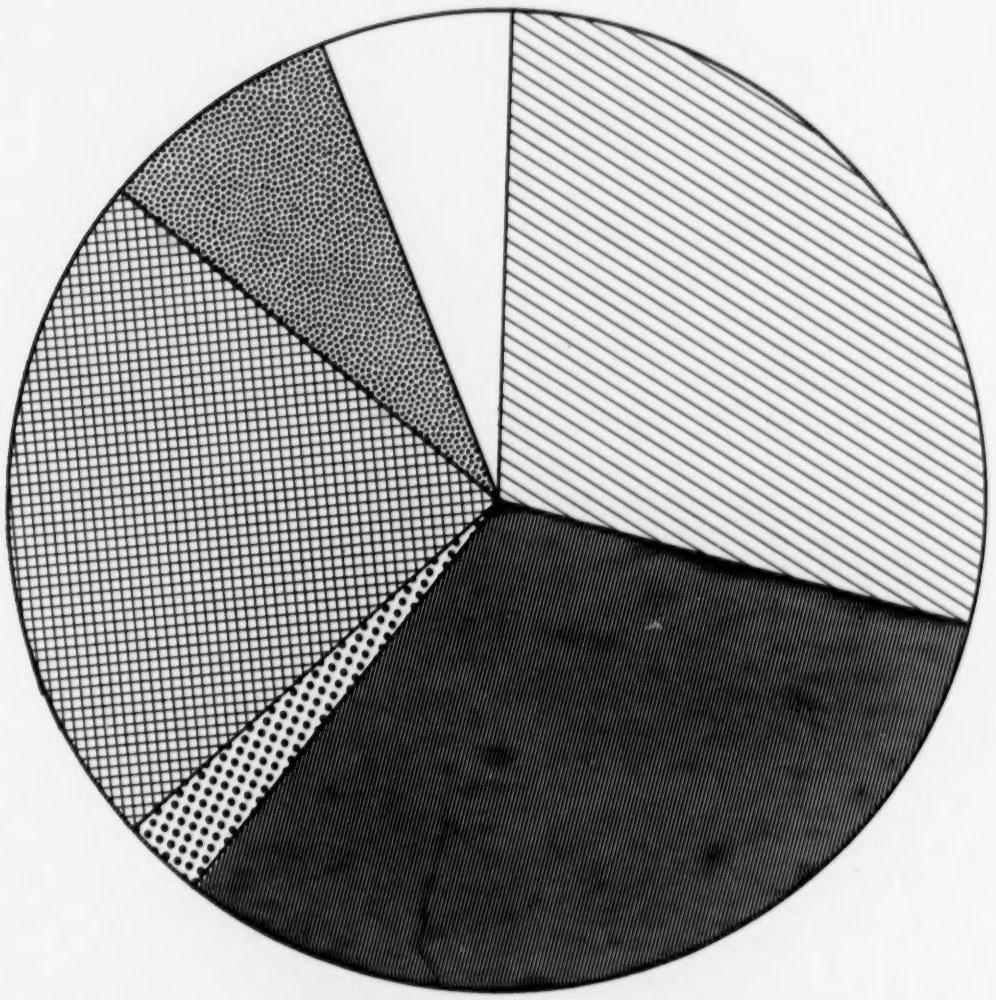
- Head Handicaps
  - eye
  - ear
  - nose
  - throat
- Body Handicaps
  - arms
  - legs
  - skin
  - heart
  - lungs
  - nervous system
  - cerebral palsy
- Mental Handicaps
  - mental retardation
  - brain damage
- Speech
- Behavior
- Other

Each graph is accompanied with a chart showing the specific number of handicaps for each county.

16

The following pages will consist of
"Incidence of Handicaps"
charts & graphs

INCIDENCE OF HANDICAPS



ATLANTIC COUNTY

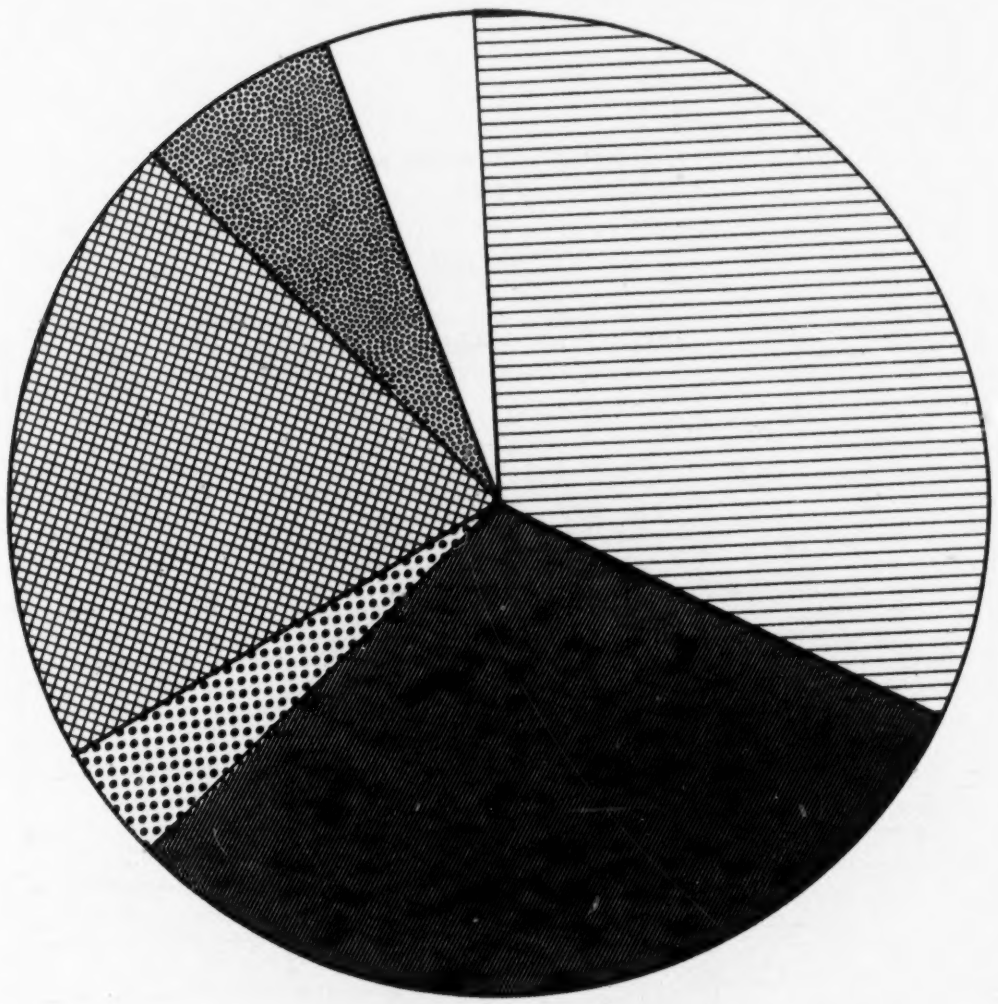
- head handicaps
- body handicaps
- mental handicaps
- speech handicaps
- behavior handicaps
- others

Incidence of Handicaps
Chart

ATLANTIC

PROBLEM AREA	MILD	MODERATE	SEVERE	TOTAL
HEAD				
EYE	33	22	10	65
EAR	26	8	7	41
NOSE	16	9	2	27
THROAT	42	13	3	58
BODY				
ARMS	5	2	3	10
LEGS	18	4	4	26
SKIN	42	6	0	48
HEART	17	4	2	23
LUNGS	5	7	2	14
NERVOUS SYSTEM	33	10	7	50
CEREBRAL PALSIED	2	1	3	6
SPEECH	73	39	25	137
MENTAL HANDICAPS				
MENTALLY RETARDED	5	6	3	14
BRAIN DAMAGED	6	4	4	14
OTHER	0	0	46	46
BEHAVIOR	0	0	66	66

INCIDENCE OF HANDICAPS



BURLINGTON COUNTY

- head handicaps
- body handicaps
- mental handicaps
- speech handicaps
- behavior handicaps
- other

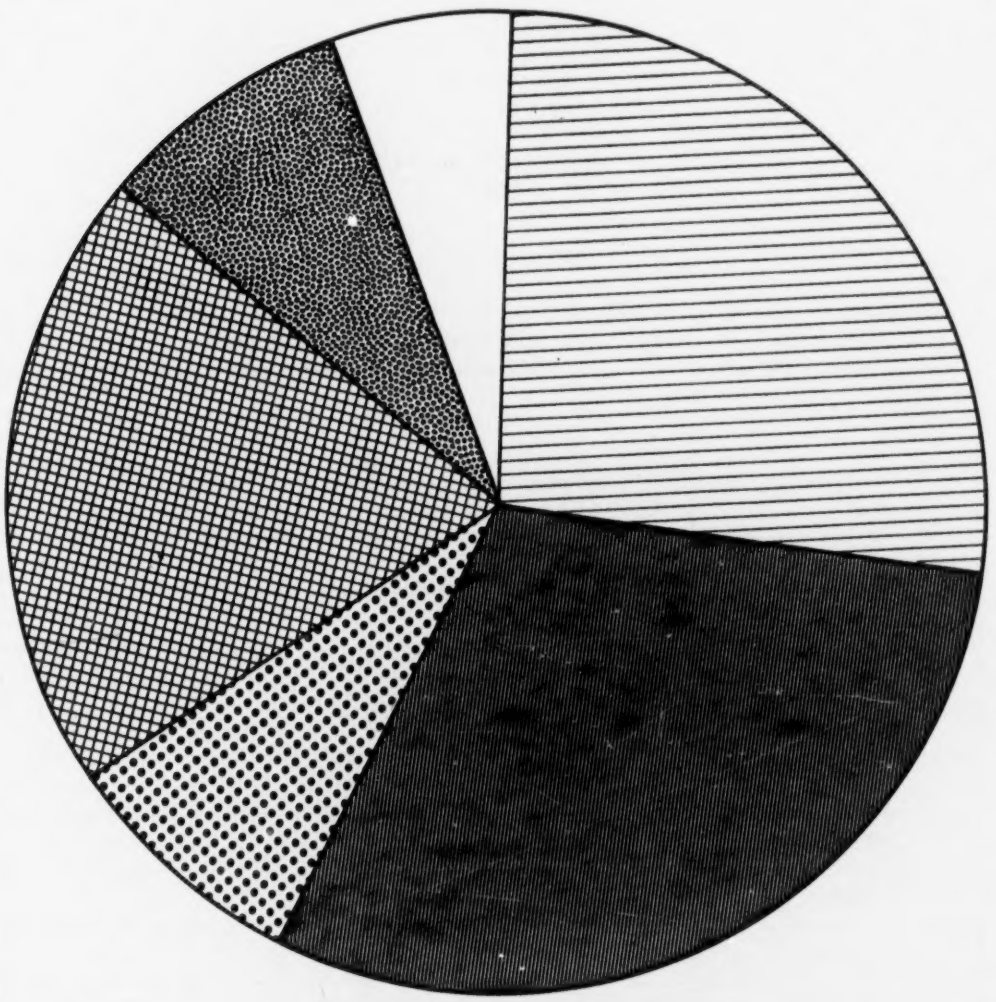
20

Incidence of Handicaps
Chart

BURLINGTON

PROBLEM AREA	MILD	MODERATE	SEVERE	TOTAL
HEAD				
EYE	97	47	13	157
EAR	72	19	15	106
NOSE	37	32	1	70
THROAT	51	35	7	93
BODY				
ARMS	6	3	6	15
LEGS	37	10	17	64
SKIN	120	37	4	161
HEART	52	13	8	73
LUNGS	26	11	7	44
NERVOUS SYSTEM	46	19	8	73
CEREBRAL PALSIED	3	0	5	8
SPEECH	179	58	31	268
MENTAL HANDICAPS				
MENTALLY RETARDED	12	7	5	24
BRAIN DAMAGED	7	5	11	23
OTHER	2	3	61	66
BEHAVIOR	0	0	114	114

INCIDENCE OF HANDICAPS



CAMDEN COUNTY

- head handicaps
- body handicaps
- mental handicaps
- speech handicaps
- behavior handicaps
- other

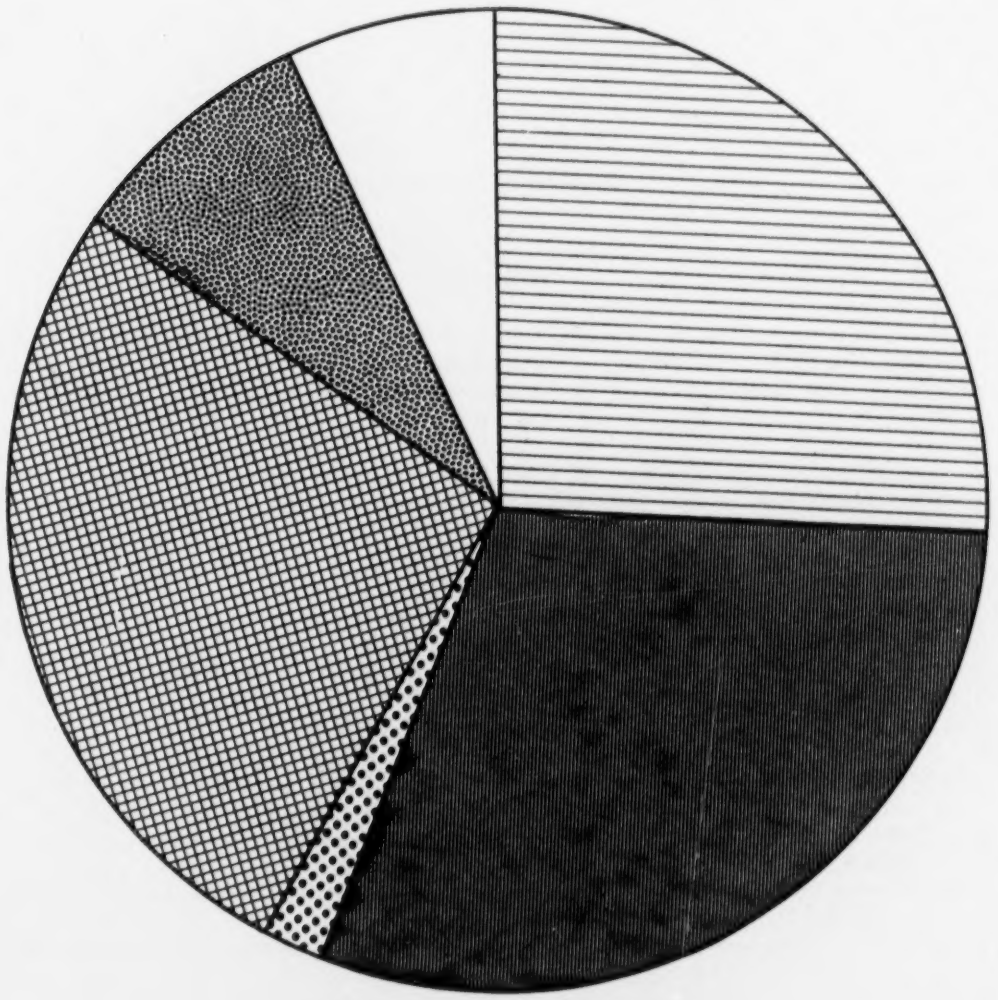
22

Incidence of Handicaps
Chart

CAMDEN

PROBLEM AREA	MILD	MODERATE	SEVERE	TOTAL
HEAD				
EYE	98	81	36	195
EAR	61	23	10	94
NOSE	48	15	5	68
THROAT	78	29	6	113
BODY				
ARMS	8	8	10	26
LEGS	35	21	13	69
SKIN	72	23	4	99
HEART	57	10	10	77
LUNGS	20	12	3	35
NERVOUS SYSTEM	65	36	13	114
CEREBRAL PALSIED	5	5	5	15
SPEECH	188	80	62	320
MENTAL HANDICAPS				
MENTALLY RETARDED	24	18	13	55
BRAIN DAMAGED	28	10	14	52
OTHER	6	1	96	103
BEHAVIOR	0	0	175	175

INCIDENCE OF HANDICAPS



CAPE MAY COUNTY

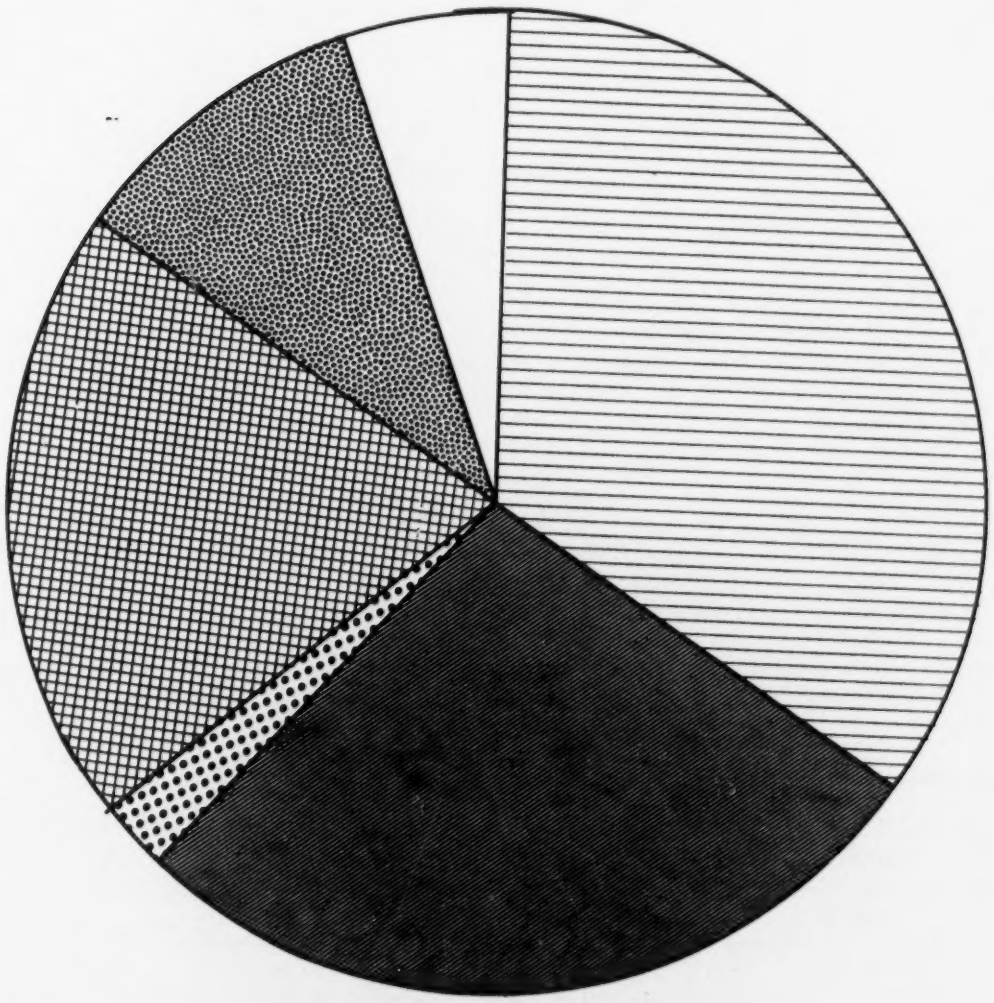
- head handicaps
- body handicaps
- mental handicaps
- speech handicaps
- behavior handicaps
- other

Incidence of Handicaps
Chart

CAPE MAY

PROBLEM AREA	MILD	MODERATE	SEVERE	TOTAL
HEAD				
EYE	24	12	4	40
EAR	17	7	5	29
NOSE	11	3	2	16
THROAT	20	10	5	35
BODY				
ARMS	1	2	0	3
LEGS	9	0	4	13
SKIN	24	8	0	32
HEART	6	1	0	7
LUNGS	9	6	1	16
NERVOUS SYSTEM	20	6	2	28
CEREBRAL PALSIED	0	1	0	1
SPEECH	59	19	12	90
MENTAL HANDICAPS				
MENTALLY RETARDED	3	2	0	5
BRAIN DAMAGED	6	0	0	6
OTHER	1	0	29	30
BEHAVIOR	1	0	41	42

INCIDENCE OF HANDICAPS



CUMBERLAND COUNTY

- head handicaps
- body handicaps
- mental handicaps
- speech handicaps
- behavior handicaps
- other

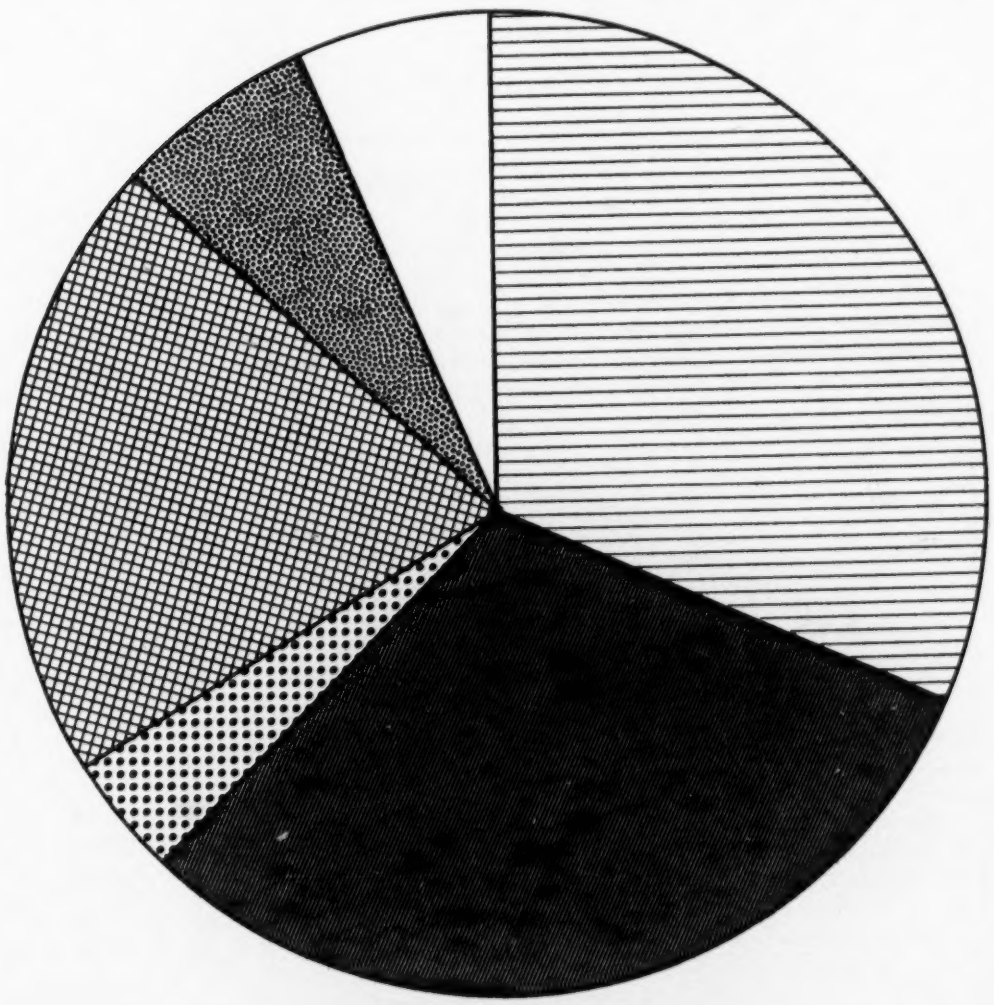
26

Incidence of Handicaps
Chart

CUMBERLAND

PROBLEM AREA	MILD	MODERATE	SEVERE	TOTAL
HEAD				
EYE	36	13	4	53
EAR	22	3	5	30
NOSE	18	4	1	23
THROAT	26	4	1	31
BODY				
ARMS	2	0	1	3
LEGS	16	3	3	22
SKIN	37	9	2	48
HEART	18	3	0	21
LUNGS	8	2	0	10
NERVOUS SYSTEM	38	10	3	51
CEREBRAL PALSIED	3	2	0	5
SPEECH	71	17	9	97
MENTAL HANDICAPS				
MENTALLY RETARDED	7	2	0	9
BRAIN DAMAGED	2	1	1	4
OTHER	1	0	36	37
BEHAVIOR	0	0	63	63

INCIDENCE OF HANDICAPS



GLOUCESTER COUNTY

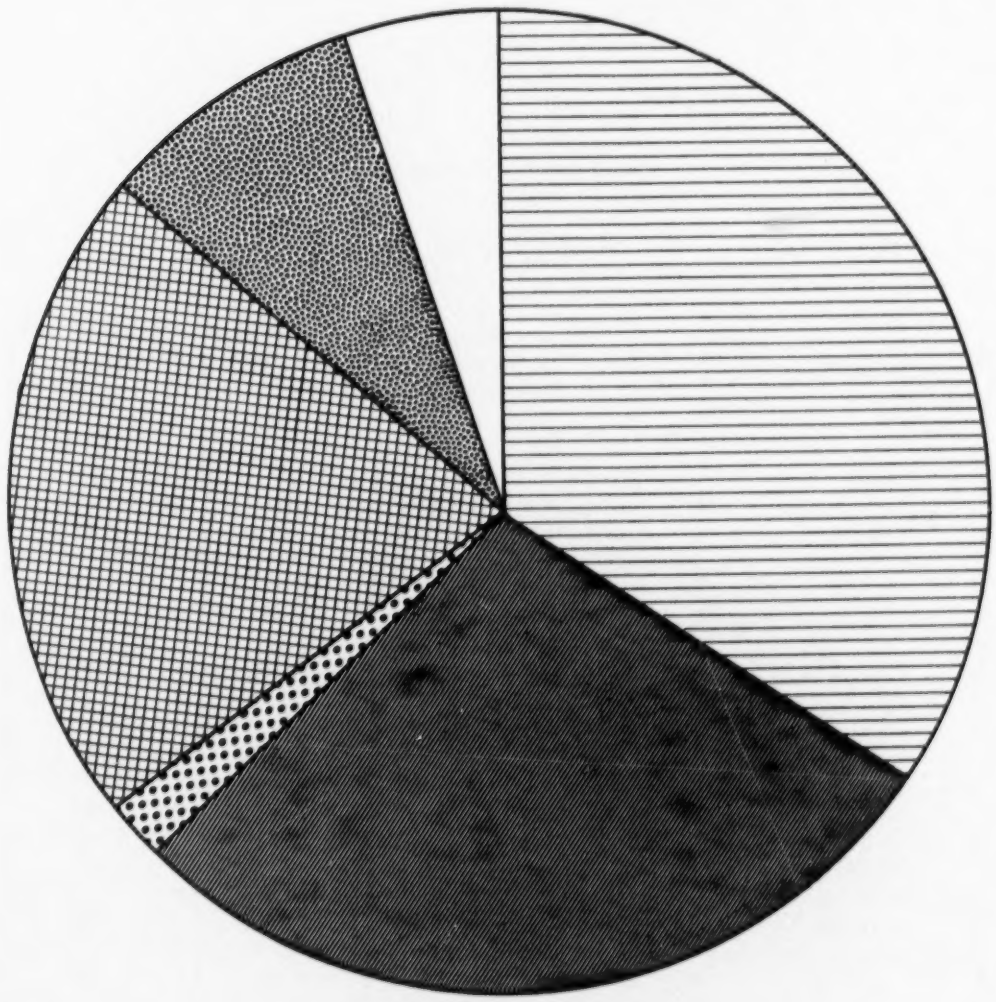
- head handicaps
- body handicaps
- mental handicaps
- speech handicaps
- behavior handicaps
- other

Incidence of Handicaps
Chart

GLOUCESTER

PROBLEM AREA	MILD	MODERATE	SEVERE	TOTAL
HEAD				
EYE	70	40	8	118
EAR	47	25	13	85
NOSE	42	16	1	59
THROAT	47	34	5	86
BODY				
ARMS	14	4	4	22
LEGS	34	18	8	60
SKIN	82	33	1	116
HEART	32	7	4	43
LUNGS	20	5	1	26
NERVOUS SYSTEM	37	19	3	59
CEREBRAL PALSIED	7	7	4	18
SPEECH	150	58	36	244
MENTAL HANDICAPS				
MENTALLY RETARDED	6	12	8	26
BRAIN DAMAGED	5	5	1	11
OTHER	1	2	71	74
BEHAVIOR	0	0	101	101

INCIDENCE OF HANDICAPS



OCEAN COUNTY

- head handicaps
- body handicaps
- mental handicaps
- speech handicaps
- behavior handicaps
- other

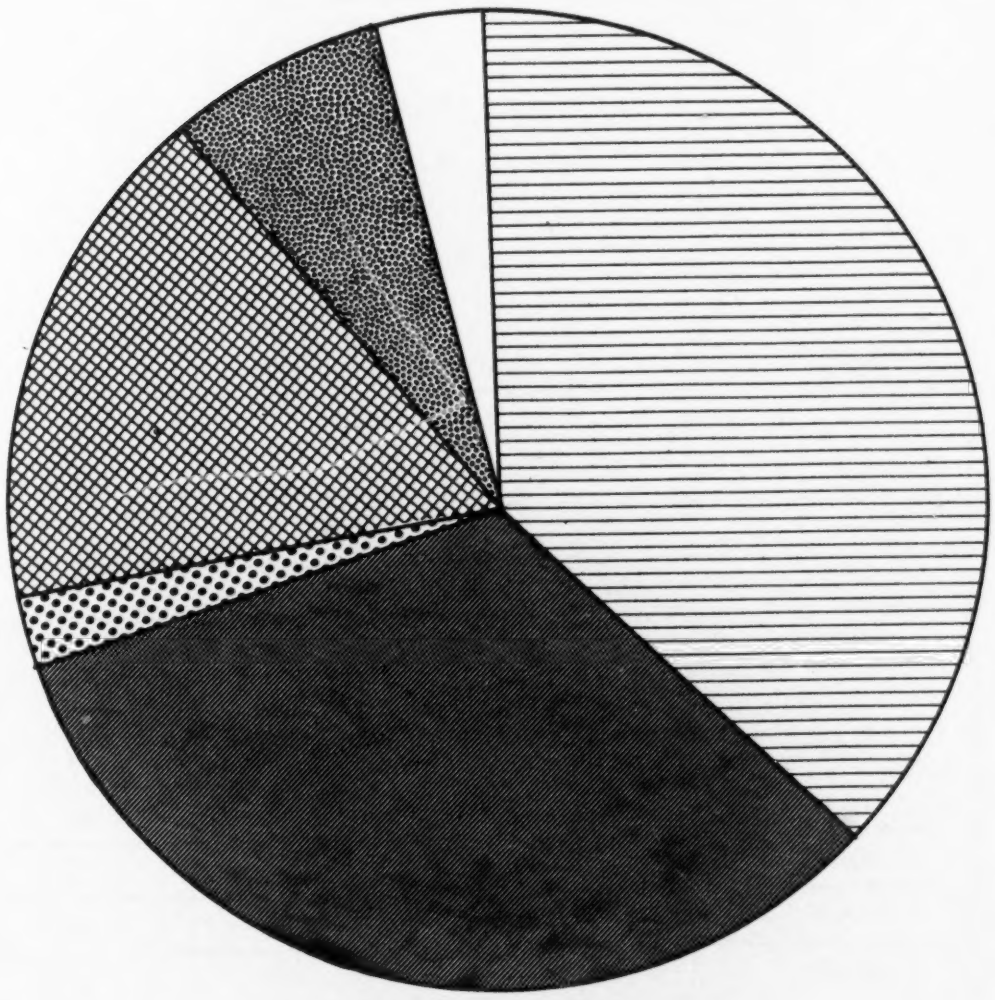
30

Incidence of Handicaps
Chart

OCEAN

PROBLEM AREA	MILD	MODERATE	SEVERE	TOTAL
HEAD				
EYE	61	40	7	158
EAR	46	12	8	66
NOSE	35	11	1	47
THROAT	36	25	5	66
BODY				
ARMS	5	1	0	6
LEGS	36	16	6	58
SKIN	73	24	1	98
HEART	27	13	3	43
LUNGS	17	10	3	30
NERVOUS SYSTEM	32	9	8	49
CEREBRAL PALSIED	1	1	0	2
SPEECH	129	43	18	190
MENTAL HANDICAPS				
MENTALLY RETARDED	2	4	5	11
BRAIN DAMAGED	5	0	3	8
OTHER	3	0	41	44
BEHAVIOR	0	0	93	93

INCIDENCE OF HANDICAPS



SALEM COUNTY

- head handicaps
- body handicaps
- mental handicaps
- speech handicaps
- behavior handicaps
- other

32

Incidence of Handicaps
Chart

SALEM

PROBLEM AREA	MILD	MODERATE	SEVERE	TOTAL
HEAD				
EYE	35	13	6	54
EAR	38	11	2	51
NOSE	19	10	2	31
THROAT	44	21	3	68
BODY				
ARMS	6	0	5	11
LEGS	20	10	7	37
SKIN	58	11	1	70
HEART	16	3	3	22
LUNGS	12	5	1	18
NERVOUS SYSTEM	32	11	4	47
CEREBRAL PALSIED	0	1	1	2
SPEECH	73	16	11	100
MENTAL HANDICAPS				
MENTALLY RETARDED	2	0	3	5
BRAIN DAMAGED	9	4	1	14
OTHER	6	2	14	22
BEHAVIOR	0	0	49	49

RESOURCE SURVEY

The reference data bank, known as "Resources and Services Available to the Exceptionally Handicapped Individual," was established to enable educators, parents, institutions, organizations and agencies to provide better programs for individuals with special needs. The information gathered was designed to disclose the number and kind of services available to those handicapped in the area of educable and trainable mental retardation, neurologically impaired, visually handicapped, auditorily handicapped, chronically ill, emotionally disturbed, socially maladjusted, orthopedically handicapped, communications handicapped and multiply handicapped. The ages served, the enrollment capacity, and the number of persons on the waiting list were facts surveyed for each institution. Also considered were medical, educational, therapeutic, diagnostic, consultation, financial and psychiatric facilities. Public schools were included in the survey but were later deleted because the project was shortened to include just preschool children. Approximately 100 agencies are now part of the resource bank.

A supplement to the survey is now under way which will gather census data on the handicapped children on a state wide level. This computerized system will provide a standardized universal reporting system and serve to coordinate all agencies dealing with services for the handicapped.

On the following pages are copies of letters and the handicapped resource survey used in this phase of the project.

South Jersey Region

EDUCATIONAL IMPROVEMENT CENTER

H. FRANCIS ROSEN
CHAIRMAN, BOARD OF DIRECTORS
SHERWOOD S. WILSON
DIRECTOR
PAUL B. WINKLER
ASSISTANT DIRECTOR

GLASSBORO-WOODBURY ROAD
P.O. BOX 426
PITMAN, N.J. 08071
609-589-3410

December 11, 1970

Dear Colleague:

Last year the Educational Improvement Center, as part of Project CHILD, compiled a reference data bank of "Resources and Services Available to Exceptional Handicapped Individuals".

The resource bank enabled educators, parents, institutions, organizations and agencies to better provide programs for individuals with special needs.

We are now in the process of updating and supplementing our files, Enclosed is a form which we are asking you to complete as fully as possible. Please indicate all services which your organization either provides or would be willing to provide. Please supply this information on our form so that computer processing can be efficiently completed.

Our organization wishes to extend in advance a very appreciative "thank you" for your cooperation in this effort.

Sincerely,

Paul B. Winkler
Project Director

PBW/gw

Serving the Counties of:
ATLANTIC / BURLINGTON / CAMDEN / CAPE MAY / CUMBERLAND / GLOUCESTER / OCEAN / SALEM

South Jersey Region

EDUCATIONAL
IMPROVEMENT
CENTER

GLASSBORO-WOODBURY ROAD
P.O. BOX 426
PITMAN, N.J. 08071
609 589 3410

H. FRANCIS ROSEN
CHAIRMAN BOARD
OF DIRECTORS

SHERWOOD S. WILSON
DIRECTOR

PAUL B. WINKLER
ASSISTANT DIRECTOR

March 31, 1970

Dear Colleague:

Enclosed is a resource form which is a follow-up of "Project Child," our preschool survey.

The information requested will establish, for the State, resources available for handicapped children in South Jersey.

This questionnaire contains several questions designed to provide specific information on your school or organization and its services.

This survey is sponsored by the Educational Improvement Center in cooperation with the New Jersey State Department of Education, Department of Special Education and Pupil Personnel Services.

We wish to express in advance a sincere "thank you" for your cooperation in this most important endeavor.

Please enclose the completed form in the enclosed, self-addressed envelope.

Sincerely,

Paul B. Winkler
Project Director

PBW/mh
Enc.

Serving the Counties of:
ATLANTIC / BURLINGTON / CAMDEN / CAPE MAY / CUMBERLAND / GLOUCESTER / OCEAN / SALEM

36

PROJECT CHILD - HANDICAPPED RESOURCES SURVEY

Conducted by the

Educational Improvement Center
Department of Special Education
and Pupil Personnel Services

PURPOSE: To identify services available to handicapped children in South Jersey.

Date____/____/____
Month Day Year

I. Name of Organization_____

Address____/____/____
Number Street City or Town

____/____/____
County State Zip Code

Telephone____/____ Is organization (a) Public?_____(b) Private?___
Area Number (c) Parochial?_____

II. The New Jersey State Department of Education recognizes several categories of disability. Please indicate which one (s) your organization serves and complete the blanks to the right of it (them).

Disability	Ages Served	Average Enrollment Capacity Present	Projected 1971	Number of Persons on Waiting List
1. Mentally Retarded - Educable				
2. Mentally Retarded - Trainable				
3. Mentally Retarded - Not Ed. or Tr.				
4. Neurologically/perceptually impaired				
5. Visually Handicapped				
6. Auditorily Handicapped				
7. Chronically Ill				
8. Emotionally Disturbed				
9. Socially Maladjusted				
10. Orthopedically Handicapped				
11. Communications Handicapped				
12. Multiple Handicapped				
13. Other				

III. Please check the type of services your organization provides.

Medical____ Therapeutic____ Consultation____ Psychiatric____
Educational____ Diagnostic____ Financial ____ Other____

Comments, if any:_____

IV. Please indicate your admission requirements in reference to the following items:

A. Residence _____

B. Age _____

C. Tuition/Fee _____

D. Other _____

V. Please indicate how application for admission should be made.

A. Letter_____ (Addressed to: _____)

B. Telephone_____ (Number: _____)

C. Special form_____(Available from: _____)

_____
Name of Person Completing Form

_____
Title

Please complete this form and return in the enclosed, stamped, self-addressed envelope.

Thank you very much.

38

CHAPTER III

FOLLOW-UP PROJECTS

Upon completion of the Project Child Survey, further studies were made in order to determine the effectiveness of the project. Two thesis studies were done by graduate students at Glassboro State College who worked closely with EIC and the project staff. Walter Kulba wrote a thesis on the uses made of the Project Child Survey information by the school districts in Salem County. Claire Ann Sullivan did a follow-up survey of the parents who were involved in the Project Child Survey in Salem County. The purpose of her study was to determine if the survey instrument was effective for use by parents.

Four Title III projects were a direct result of Project Child and were developed to make use of the information made available by the survey and to determine the validity of parental identification. The projects were, (1) Operation Percept, (2) Operation Pre-school, (3) Regional Co-op Project and (4) Multi-disciplinary Approach to Special Needs Students.

A detailed account of each of these theses and projects follows.

One of the objectives of Project Child was to provide information to the participating school districts so that they could develop programs to meet the needs of their projected handicapped school population. A survey was made to determine the uses made of the Project Child information in thirteen school districts in Salem County by Walter Kulba, a graduate student at Glassboro State College. The following information was gleaned from his thesis.

Kulba conducted a structured personal interview with each of the thirteen superintendents in Salem County. The questionnaire that was used for the interview consisted of the following areas: (1) uses made of the information received from Project Child, (2) school involvement in preschool screening of children, and (3) present and future needs in diagnosing and remediating potential learning problems.

Of the thirteen school districts involved in this study, twelve supplied the information from Project Child to the teachers involved with the exceptional children. One school district replied negatively because it had only one child listed as being exceptional. This child was listed as having a mild speech impediment and was not considered to be requiring remediation.

In the area of diagnosis of the children identified in Project Child, the school districts were almost evenly divided. Of the thirteen school districts, seven said that diagnosis was either begun or performed, and six said that diagnosis was not performed.

In the area of remediation or treatment of the children identified in Project Child, the school districts showed a more positive response. Of the thirteen school districts, eight replied positively and five replied negatively. The three other school districts that replied negatively said that the exceptional children were placed in regular classrooms because they did not have programs set up to meet the needs of these children.

Eleven school districts held discussions with the parents concerning diagnosis and remediation of the exceptional children. Two districts did not hold these discussions.

Nine school districts stated that they used outside help for remediation. This help included the services of doctors, psychologists, therapists, and treat-

ment centers. Four of these nine school districts have tried to correct physical problems through the help of technical aids. This included the use of glasses and hearing aids.

Of the thirteen school districts, four placed the children in a special remediation program within the school. These programs included classes for the perceptually impaired, reading remediation programs, and speech therapy and guidance.

Of the thirteen school districts, four have enrolled their exceptional children in outside facilities. These include special classes in Quinton, Vineland, and Glassboro.

Of the thirteen school districts, five felt that preschool screening should become the function of the school. They felt that quality information concerning possible learning problems could best be acquired by professionally trained personnel who were directly associated with the school. Seven school districts felt the school nurse, PTA, and other local organizations can best carry on this survey. One school district felt that this type of study must be accompanied with legislative decisions. Another school district felt that emphasis should be placed on starting programs and getting funding instead of preschool identification.

In the area of present and future needs, the thirteen school districts pointed out what areas would have to be supplemented. Eight school districts felt that they needed more personnel for the present and future in order to remediate potential problems. Six districts felt that they would need special education teachers to meet the need of remediating potential problems. Two mentioned the need for speech therapists on a regional basis, and one district wanted an assistant for the nurse to allow her to make more home visitations.

Five school districts felt that they needed more class facilities to accommodate children with learning problems. Four of the school districts said they needed classes for the neurologically impaired, emotionally disturbed, and learning disabled. One school district felt that Salem County needs centrally located classes for socially maladjusted, emotionally disturbed, and learning disabled.

Ten of the thirteen school districts felt there was a need for the use of specialists in remediating potential learning problems. Eight school districts felt the need of a speech therapist and three felt the need for a psychologist. Other specialists that were mentioned were: remedial reading teacher, art specialist, physical education specialist, social worker, and guidance counselor.

Eleven school districts felt the need of setting up programs for remediating learning problems. Eight school districts felt that a program of speech therapy should be set up. Other districts felt the need for special classes for the emotionally disturbed, brain damaged, hard of hearing, and classes for physical education and art. The need for a learning disability specialist to diagnose problems in the classroom was mentioned by one district.

Twelve school districts felt that they were not receiving sufficient funding in order to remediate learning problems. One school district felt they were receiving sufficient funds through Title I and II and mini-grants.

An analysis of the data collected showed a positive reaction of the Salem County School Districts to the information received from Project Child. A significant number of the school districts of Salem County used the information received from Project Child. The school districts had discussions with the parents, informed the teachers of the problems and performed diagnosis.

However, only four school districts of the total were able to place the exceptional children in remedial programs within their own school or find outside facilities for them.

Kulba found that twelve school districts of the total felt that preschool screening should be performed. Five school districts felt this should be performed by the school and seven school districts felt it should be a school and community endeavor. Following are the forms used in conjunction with the Kulba Thesis.

South Jersey Region — EDUCATIONAL IMPROVEMENT CENTER

H. FRANCIS ROSEN
CHAIRMAN BOARD OF DIRECTORS
SHERWOOD S. WILSON
DIRECTOR
PAUL B. WINKLER
ASSISTANT DIRECTOR

GLASSBORO-WOODBURY ROAD
P.O. BOX 426
PITMAN, N.J. 08071
609-589-3410

To Salem County School Administrators

Plans are being formulated for a follow-up of Project CHILD in Salem County, and I wish to take this opportunity to discuss them with you.

Activities for the follow-up fall into three categories:

1. Professional identification of those children whose parents listed them as having some learning disability.

2. Evaluation of parents' response, attitude and interest in being involved in such a survey.

3. Responses and opinions of school administrators in relationship to how they are or could use such early identification information.

It is planned at this time that a questionnaire will be developed which will be personally related to parents and administrators. In reference to the follow-up of the specific children, professional teams will be arranged for to further identify the children. This information would then be supplied to you for your use.

To assist the "Project CHILD" staff in this endeavor we will be working in cooperation with the Special Education Department of Glassboro State College, and specifically two Masters Degree candidates, Mrs. Claire Sullivan and Mr. Walter Kulpa. They will be calling on you in the near future to discuss these plans in more detail. If you have any questions regarding these activities, please do not hesitate to call.

Thank you in advance for your cooperation in the most important educational endeavor.

Sincerely,

Project CHILD Staff

Serving the Counties of
ATLANTIC / BURLINGTON / CAMDEN / CAPE MAY / CUMBERLAND / GLOUCESTER / OCEAN / SALEM

EDUCATIONAL IMPROVEMENT CENTER

"PROJECT CHILD"

FOLLOW-UP
SALEM COUNTY SCHOOL DISTRICTS

As you probably know, "Project CHILD" is a federally funded program designed to discover the role parents can play in the early identification of potential learning problems. At the same time, the Project is attempting to discover how to maximize the role parents can play in this identification, and the value the information has for the schools.

Last June we submitted to you a list of children in your district whose parents described their youngsters as having a mild to severe disability.

During this interview, we will be asking you what you think of the Project, how you used the information, and what needs--if any--became apparent through the study.

Simultaneously, we are anxious to be aware of your suggestions and recommendations for the Project's future.

1. Do you think that "Project CHILD" is worthwhile?

   Yes _____
   No _____
   Why _____

2. Did you find the information you received from "Project CHILD" helpful?

   Very _____ Somewhat _____ Not _____

3. Can you think of other information that pre-school parents could provide which would be equally or more helpful?

   Yes _____
   No _____
   What information _____
   _____
   _____
   _____
   _____

4. What suggestions do you have in regard to the form use in "Project CHILD"?

   A. Introduction (Purpose)

   B. Directions

      1. Filling Out

      2 Returning

   C Terminology

   D. Any questions you would add?

   E. Any questions you would delete?

   F. Any questions you would rephrase?

5. Do you think this form would be easily understood by the parents in your district?

   Yes _____
   No _____

6. About what proportion of these parents would easily understand the form?

   _____ Most all (90%)
   _____ The greater majority (60+%)
   _____ About 1/2 (50%)
   _____ About 1/4 (25%)
   _____ Almost none (10%)

7. In its present form do you think the survey questionnaire can meet the objective of maximizing parental identifications?

   _____Yes _____ No--If no, what would you suggest?

8. The survey was distributed through a house-to-house dissemination effort by PTA and other parent organizations. Do you think this is the best way of reaching pre-school parents?

   Yes _____
   No _____
   Other methods _____
   _____
   _____

9. Do you think schools should be more involved in the data collection phase of the Project?

No _____
Yes _____ (If so, how?) _____
_____
_____

10. Has the classroom teacher been informed of the suspected problem?

Yes _____
No _____
In some cases _____

11. Has a thorough diagnostic examination been performed on the identified children?

Yes _____
No _____
In some cases _____

12. Has a partial diagnostic examination been performed in any of the specific areas of parent identification?

Yes _____
No _____
In some cases _____

13. Were discussions held with parents regarding their identification?

Yes _____
No _____
In some cases _____

14. Has any remediation or treatment been begun in cases where diagnosis showed problems?

Yes _____
No _____
In some cases _____

15. Was outside help used for remediation?

Yes _____ (If yes, circle--Doctors, Psychologists, Treatment Centers,
No _____ Therapists, Other)

16. Were children enrolled in any special programs? (Circle)
Special Classes, Outside Facilities, Other--List _____
_____

17. Have problems, if correctable through technical aid, been resolved? For example, through supplying glasses, hearing aid, etc.

Yes _____
No _____

18. Are children presently receiving outside help?

Yes _____
No _____
In some cases _____

19. Were the children placed in any special remediation program within the school? If so, what? (i.e. Speech Therapy, Guidance, etc.)

No _____
Yes _____ (Please List) _____
_____

20. Were children assigned to specific educational programs within the district to best meet their needs--were there rationales for all placements?

_____Yes, Special Ed. _____Yes, Other _____No

21. How was identification made previously?

22. Are kindergarten registrants given any testing? (Circle)

Yes _____Eye, Ear, Speech, Psychological, Intelligence
Other _____

Only in the case of a suspected problem _____

No _____

23. Did the information and follow-up (if any) make you aware of needs you had not previously considered?

No _____
Yes _____ (Describe) _____
_____
_____
_____
_____

24. In the following areas, can you tell me what might be both present and future needs for remediating potential problems?

	PRESENT	FUTURE
Personnel		
School Facilities		
Other Facilities		
Specialists		
Programs		
Other Resources of Help (Please specify)		
Funding		
Other		

Other Comments:

Closing---Thank you very much for your cooperation. At this time, I would like to leave a list of the children who are of school age and who have been identified as having potential educational problems by their parents. Could you please fill out a questionnaire for each child and mail all the questionnaires back to the Educational Improvement Center. Again, thank you for your cooperation in this matter.

The program directors felt that if the technique of parent identification used in the survey proved to a successful method of screening, the process could be standardized and reused. To determine the general attitudes of the parents and their reactions to requests for this kind of information, Claire Ann Sullivan, a graduate student at Glassboro undertook a survey of the parents in Salem County as her thesis. The following are excerpts from that thesis.

Through the use of the structured interview technique, it was hoped to meet with people, ask them specific questions about "Project Child," and elicit from them their attitudes about the program and their ideas for its improvement. The study is based on the premise that parents are in the best position to know their children and their children's needs, and the time has come for educators to make use of parents as a resource people.

This study was conducted in the eight school districts of Salem County, New Jersey. The parents who participated in the original study identifying potential learning problems in preschoolers were separated into three specific groups:

1. Those parents who responded positively on the original questionnaire, meaning that they thought their child did have a problem.
2. Those parents who responded that their child did not have a problem – to be known as negative respondents.
3. Those parents who did not respond to the questionnaire at all.

The first group included 467 parents, the second group included 3,610 parents, and the third group included approximately 2,380 parents. After this collection of names had been completed, Mr. David Sobelman, the child study supervisor from Salem County, was consulted with the county being divided into urban, suburban, and rural demographic clusters. From these clusters, a sample of 138 sets of parents were randomly selected by counting off 55 names and choosing the 56th. This method was used throughout, with approximately the same number of each group comprising the total.

It was decided that a structured interview would be conducted, with the interviewer asking a set of predetermined questions of each participant. This set of questions used in the interview will herein be referred to as the questionnaire. The first draft of the questionnaire was rejected because it appeared that the parents were being asked again about their own child and not being surveyed about the questionnaire. After many meetings of the "Project Child" staff, a consultant was brought into help construct the questionnaire with the writer. The first attempts were scrapped because they were too technical and too personal in nature. Finally, an acceptable questionnaire was developed. It was also decided at this time that the interviewer would ask the questions and record the answers to rule out the possibility of an inaccurate answer due to misunderstanding of the written question.

The final instrument was coded so that the interviewer could check to which of the three groups – positive respondent, negative respondent, or no respondent – the interviewee belonged.

Questions included on the survey form were:

1. The right of the school to solicit such information.
2. Whether the parent would like the child helped at this level.
3. The ease of the questionnaire as far as enabling one to pinpoint the problem is concerned.
4. The ease of difficulty of the language used on the questionnaire.
5. The expediency of the dissemination and collection of the survey form.

There were sections concerned with whether or not the survey helped the parents think ahead and consider some of their child's possible needs, or if it stimulated thought and reaction in any other area. Space was given for overall comments by the parents on the project and for the interviewer to record any noteworthy observations as to cordiality or hostility of the sample.

First it was necessary to introduce the fourteen school superintendents from Salem County to the representative who would be working on this study. This was done first by a letter from Mr. Paul Winkler, the director of "Project Child," and then at a meeting of the superintendents. Mr. Winkler explained the purpose of the follow-up study. At this time he also congratulated the superintendents on their previous cooperation and asked for their permission and assistance for this study.

Letters of introduction were also sent to the parents to be interviewed. This letter introduced the interviewer, stated the months that the interviews were to take place, and informed them that the interviewer would be calling them to establish a mutually convenient time for the interview to be conducted.

The parents were called during January, and the appointments were made for February and March 1971. It was requested that, where possible, the parent who filled out the questionnaire initially be the one to complete the survey. Of the 138 parents originally selected in the random sampling, 111 were personally interviewed.

For purposes of comparison, this large sample was broken into three subgroups. These groups were: the positive respondent group (known as R), the negative respondent group (known as NR), and the non response group (known as N).

Table I reports that ninety-six of the 111, or 89.1 percent of the sample, responded favorably to the early identification of potential learning problems by the schools. Of the total 111 respondents, four or 3.6 percent, thought that early identification of problems was not the schools' business at all, while the remaining eleven remained uncertain to some extent.

Of those responding favorably, thirty-one were R respondents whose total group is thirty-two. Of the NR group, thirty-three of the thirty-six responded favorably and, of the N group, thirty-five of the forty-three were favorable in their response. One of the R group, none of the NR group, and three of the N group were totally opposed to the concept of early identification by schools.

TABLE I

EARLY IDENTIFICATION OF POTENTIAL LEARNING PROBLEMS

	R	NR	N	Totals
Very Favorable	31	33	32	96
Favorable	0	0	3	3
Depends on Use	0	1	2	3
Uncertain	0	2	3	5
Unfavorable	1	0	3	4
Totals	32	36	43	111

The acceptance of the school's assistance in the event of a problem of a preschool age child is related in Table II. Thirty of the thirty-two positive respondents replied that they would want the school's help, as did thirty-four of the thirty-six negative respondents and thirty-nine of the forty-three no response group. A total of 103, or 92.7 percent, responded "yes" to the question. In contrast, one of the positive respondents, none of the negative respondents, and three of the non response group, or a total of four (3.6 percent), responded "no" to the same question. There were four who were uncertain about this question.

TABLE II

ACCEPTANCE OF SCHOOL'S ASSISTANCE FOR PRESCHOOL AGE CHILDREN

	R	NR	N	Total
Yes	30	34	39	103
No	1	0	3	4
Maybe	1	2	1	4
Totals	32	36	43	111

Table III represents the school-associated services the parents felt should be provided for preschool children with problems. Some people suggested more than one service and the categories have been enumerated on this table. A number of the sample did not know what services should be provided but, of those who answered, parental counseling and a testing service were the most consistent suggestions.

TABLE III

SCHOOL-ASSOCIATED SERVICES

	R	NR	N	Totals
Tutor	4	3	2	9
Parental Counseling	8	15	3	26
Don't Know	10	8	16	34
Special Class	0	4	4	8
Speech Therapy	0	4	1	5
Remedial	0	1	0	1
General Help	1	3	6	10
Testing	5	10	4	19
Experienced Personnel	2	1	3	6
Day Care Centers	2	4	3	9
Child Guidance	1	0	0	1
Referral Service	1	0	0	1
Help Blacks	1	0	0	1
Can't Do Much	2	0	1	3
No Help	0	1	1	2
Totals	37	54	42	133

One hundred and eight, which represents 97.2 percent of the sample, felt that the "Project Child" questionnaire was easy to answer, as represented by Table IV. Only one of the no response group felt that it was difficult, and two from that group did not know. The entire positive respondents and negative respondents groups reported that it was easy.

TABLE IV

EASE OR DIFFICULTY OF "PROJECT CHILD" QUESTIONNAIRE

	R	NR	N	Totals
Easy	32	36	40	108
Difficult	0	0	1	1
No Response	0	0	2	2
Totals	32	36	43	111

Included on Table V are the areas of possible improvements to the original "Project Child" survey which were presented to the sample for comment. Only fourteen, or 12.6 percent, of the total offered any suggestions at all. One-half of the suggestions (seven) were centered on the language used on the questionnaire, and four of the seven who did see need for improvement in this area were from the positive respondents group. The other seven suggestions were distributed among the different areas for improvement.

TABLE V

POSSIBLE IMPROVEMENTS ON "PROJECT CHILD" QUESTIONNAIRE FORM, AS SUGGESTED BY PARENTS

	R	NR	N	Totals
Introduction	1	0	0	1
Instructions	0	1	0	1
Directions	0	1	0	1
Language	4	1	2	7
Additions	1	0	2	3
Deletions	0	1	0	1
Rephrasing	0	0	0	0
Other	0	0	0	0
Totals	6	4	4	14

Table VI reports on the most convenient method of collecting the questionnaire from the parents. Some respondents gave more than one suggestion for collection.

Of the 130 responses to this question, fifty of those answering felt that the house-to-house survey method was the best. This represents 45.0 percent of the 130 responses.

The next most common suggestion was the telephone survey which thirty-eight or 34.2 percent of the sample thought was best and most expedient, followed closely by the mail method of collection, which received thirty-two or 28.8 percent of the responses. The other suggested methods received considerably less support.

TABLE VI

MOST CONVENIENT COLLECTION METHOD

	R	NR	N	Totals
House to House	17	19	14	50
Mail	8	10	14	32
Telephone	10	16	12	38
Return to Central Location	3	0	6	9
Response to Newspaper Ad	0	0	0	0
Other	1	0	0	1
Totals	39	45	46	130

The last table, Table VII, relates and enumerates the answers received to the item concerning the effect of a survey of this type on parents. Some of the respondents gave more than one answer, bringing the total for this table to 115.

In response to the last question on the survey, the parents' comments fell into six general categories. The largest number – forty-seven or 40.8 percent – felt that the survey would tend to make parents more aware of their children and their problems. Of the R group, eight of the thirty-six different respondents thought this to be true, while twenty-two of the thirty-six NR respondents and seventeen of the forty-three respondents in the N group thought this to be true.

The next largest category was that of those who felt that this type of survey would relieve and help the parents. Thirty respondents (26.0 percent) felt that this would be the biggest effect on parents. Of this thirty, seventeen were from the R group, none were from the NR group, and thirteen were from the N group.

Twenty-five respondents indicated that a survey of this type would have no effect at all. This represents 21.7 percent of the total. Ten of the twenty-five were from the no response group, nine were from the negative response group, and six were from the positive response group.

The other three categories represented significantly less percentages of the total number of responses to the question.

TABLE VII

SURVEY'S EFFECTS ON PARENTS

	R	NR	N	Totals
Parental Awareness	8	22	17	47
No Reaction	6	9	10	25
Informs Parents of Services	1	1	0	2
Strengthen Community-School Relationship	2	2	2	6
Depends on Realism of Parents	2	2	1	5
Relieve and Help Parents	17	0	13	30
Totals	36	36	43	115

When asked for their final comment on not only the questionnaire but on "Project Child" as a whole, the vast majority of comments were very favorable. The people in the sample, regardless of their subgroup, were pleased to know that something was being done to reach all children and help them before possible problems lead to failure in school.

"It's good to know Project Child is continuing" and "It's a great help for the children and the parents and the schools" were two of the more common comments. Many parents thought "that it would be a relief to have a professional person to talk to if they suspected a problem in their child." Others "felt relieved just to think that someone would be there if they needed them."

There were a few exceptions. One person refused to answer at all, another thought that "too much had been done already to help minority groups," and he felt that this was what this project was geared toward. Someone else felt that "although the basic idea was good, the implementation of the program would make taxes higher."

All in all, the interviewer felt well accepted and was received cordially. Many parents were very anxious to discuss individual cases and appreciated someone with whom to talk.

Some parents seemed rather nervous and hostile at first but soon forgot this in favor of helping their own and other children.

During the month of February, a year after the initial survey, after the parents had been contacted by mail and by telephone to set up an appointment, this writer conducted the 111 personal interviews.

The hypothesis of this study was that parents would display similar attitudes toward early identification of preschool children, as shown by their responses on the questionnaire. This writer accepts that assumption based on the large percentage (89.1) of parents who responded favorably when questioned about their feelings on early identification. Their attitude was one of concern for preschool children and their problems and a definite feeling that the school should have a part in the identification of these problems.

It is recommended by this writer that the work of "Project Child" be continued in southern New Jersey and that the evaluative procedures already begun in some counties be extended to all of the participating counties, including Salem.

One recommendation is based on the number of parents who felt that a survey of this sort would have no effect on parents. This group represents 21.7 percent of those who responded, and this significant proportion leads this writer to recommend a program to inform the public of the benefits of early identification. It would be necessary for parents to understand how their children could be helped in order to obtain their full cooperation.

For the greatest use to be made of this information, evaluation of children identified as having problems must be thoroughly executed. These evaluations should be made easily accessible to the schools and child-study teams. For further study, it might be both interesting and useful to do an in-depth analysis of the attitudes of just the positive respondent group in regards to parental counseling, testing clinics, school intervention into the problem, and various other areas.

The following letter and follow-up survey were used by Sullivan in obtaining information for her thesis.

52

South Jersey Region

EDUCATIONAL IMPROVEMENT CENTER

H. FRANCIS ROSEN
CHAIRMAN BOARD OF DIRECTORS
SHERWOOD S. WILSON
DIRECTOR
PAUL B. WINKLER
ASSISTANT DIRECTOR

GLASSBORO-WOODBURY ROAD
P.O. BOX 426
PITMAN, N. J. 08071
609-589-3410

January 4, 1971

Dear Parent:

This letter is a follow-up of "Project CHILD", the pre-school survey which was conducted in South Jersey last winter.

A follow-up survey is being conducted this year to strengthen the instrument and methods used. The results of the survey will bring more closely together the school and the community. Within the next couple of months I will be contacting you in person or by telephone to arrange a mutually convenient personal interview.

Enclosed you will find the form which was used last year in the survey.

Thank you in advance for your cooperation in this most important endeavor.

Please do not hesitate to call the Center if you have any questions regarding this project.

Sincerely,

Claire Ann Sullivan
EIC Representative
Project CHILD

CAS/gw

Serving the Counties of:
ATLANTIC / BURLINGTON / CAMDEN / CAPE MAY / CUMBERLAND / GLOUCESTER / OCEAN / SALEM

EDUCATIONAL IMPROVEMENT CENTER

FOLLOW-UP SURVEY
Salem County

Interviewer's Code:

R_____ NR_____ N_____

#_____

Introduction

My name is Claire Ann Sullivan, the E.I.C. representative who called you in January about this interview. In the letter you received we explained how important it is to discover the need for any improvement in our questionnaire and the method we used to collect it. It is our hope to help our preschool children and plan for their needs in the schools by discovering, before they begin school, any difficulties they may be having. We at E.I.C. thank you for extending to us this opportunity to talk with you.

Questions

1. Do you think it is a good idea for the school to identify possible learning problems before a child enters school?

_____Yes, good idea _____Uncertain

_____I guess _____Not the school's business

_____Depends on what the school does about it

Additional parent comments:

2. If your child had a problem, would you appreciate the school's assistance in helping him before he enters school.

_____Yes _____No _____Maybe

Additional parent comments:

3. What kind of services would you want the school to provide?

4. Do you think the questionnaire makes it easy to express a concern about a problem or difficulty a youngster might have?

_____Easy _____Difficult

Additional parent comments:

5. Do you think the form could be improved in any of the following areas?

_____Introduction or purpose
How:

_____Instructions on returning the form
How:

_____Directions on filling out the form
How:

_____Language used on the form
How:

_____Any questions you would add
What:

_____Any questions you would delete
What:

_____Any questions you would rephrase
What:

_____Other

6. What system do you think would be best and the most convenient for collecting information regarding preschool children?

_____House to house survey

_____Mail

_____Telephone

_____Return to a central location

_____Respond to a newspaper ad

_____Other

7. What effect could a survey of this type have on parents?

Summary

Reactions: (Parents)

Final Comment: (Interviewer)

Closing

Thank you for your assistance in this project.

The following projects were established under Title III to follow-up identified pre-school children as found by the survey.

OPERATION PERCEPT, Title III, Runnemede, N.J. – Perception, Evaluation, Remediation, Counseling, Pre-School Therapy

Two primary objectives, 1) identification of perceptual weaknesses in pre-school children and 2) provision of a program of remediation for those children identified, formed the basis for Operation Percept in Runnemede Twp., N.J. Those primary objectives, as stated, were fulfilled by establishing a district register of pre-school handicapped children to provide information regarding future needs and services. This information was obtained through the Project Child survey. Those children who had perceptual handicaps were identified through diagnostic testing procedures. A special program for remediation of perceptual disorders was established by the Runnemede School District for all those pre-school children identified as having a perceptual problem. Counseling services were offered to the parents to foster understanding of the need to identify and remediate perceptual impairments at the pre-school level. Finally, the program was planned in such a way as to integrate the pre-school program with the primary curriculum using specific methods and materials through 2nd grade level.

Fulfillment of both primary objectives far exceeded expectations as the efficacy of the remedial program was revealed in the dramatic gains as reflected in comparison of pretest-post test scores of the children involved in the program.

OPERATION PRESCHOOL, Title III, Corbin City Board of Education – Hembold Center

It is the belief of the Hembold Center and EIC that if potentially handicapped children are identified at an early age, many of the complex problems of both child and school system will be ameliorated. It was hoped that the project would serve as a model for early identification of handicapped children in rural regions with facilitation of educational planning by local districts and direct service being provided in the form of parent counseling and speech therapy for the communication and language impaired child. Operation Pre-school, a Title III project, was established to fulfill the general objectives set forth above.

More specifically, Operation Preschool had as its objectives first, to record and classify all children in the **Project Child** census data for Atlantic and Cape May Counties in the Register for Potentially Handicapped Preschool Children. Second, the children with indications of speech, language or communication disorders would be evaluated and diagnosed through medical, social, speech and psychological services. Third, information and statistics regarding these children would be disseminated to educational planners in order to facilitate educational planning and resource allocation decisions. Fourth, programs including speech therapy, parent counseling and related activities would be established to remediate the disorders. Fifth, psychological services on group and individual basis would be provided to the parents. Finally, the project staff would provide technical assistance – information, recommendations for instructional materials, available resources and services and sources of funds, – to any educator in the two county region who requests assistance in solving problems of early childhood education.

REGIONAL CO-OP PROJECT – Gloucester County, N.J. Title III

The purpose of the Regional Co-Op Project was to establish a county-wide Child Study Team on a regional basis to professionally follow-up the children initially screened by the Project Child Survey. The Project Child Survey indicated that 604 children in the participating districts of Gloucester County might have a handicap. The ages covered by the Regional Co-op Project were 3 to 5 years instead of the 0 to 5 years in the Project Child Survey. Of those children tested, 188 were found to have handicaps in the following areas:

Vision	22
Hearing	16
Speech	83
Orthopedic	8
Behavior	17
Below Avg. IQ	14
Other	28

In addition to the identification follow-up, the project also scheduled in-service workshops for teachers of grades K-12 throughout the term of the project. The areas and topics covered were: The Perceptually Impaired Child, Causes and Remediation, Early Identification, Current Trends in Special Education, The Learning Disabled Child, Interpretation of a Learning Prescription, Function of the Child Study Team, Function of a LDT-C in the Jr. and Sr. High School, The Role of the Social Worker and Speech Problems in the Elementary Schools.

INDIVIDUAL MULTI-DISCIPLINARY APPROACH TO SPECIAL NEEDS STUDENTS – Title III, Gloucester Township, N.J.

The purpose of this project was to establish criteria which would enable the Gloucester Township School District to identify specific needs of all preschool children with the focus being on linguistic patterns. A team consisting of a psychologist, two speech therapists, and a social worker, through the use of in-school and community resources, identified those children who might have learning disabilities. The Special Service Team was established to work during the summer on the identification of pre-school children who might need remedial services prior to entrance into public and non-public school systems.

More specifically, (1) the program provided preliminary diagnostic service for handicapped pre-school children. The children to be tested were initially screened by the Project Child survey and found to have potential speech and hearing handicaps. (2) Each pre-school child received a diagnostic evaluation in the areas of communication and language development. (3) For each child diagnosed as having a disability in the areas of communication and language development, a remedial prescription was developed and such child received remediation. (4) Each parent of a diagnosed youngster was counseled and the general community was invited to workshops designed to promote community understanding of the pre-school handicapped child. (5) A comprehensive in-service teacher training program was developed to recognize and understand the communication handicapped child. (6) Resources were identified and the need for additional resources established to provide remediation services for the handicapped child and his family.

The program was organized as a composite whole to effect total change through teacher-parent participation. The practice of changing the home, child rearing environment, and language modeling practices of parents and

other significant figures in the home was followed. The group, as a whole, made the most significant gains in language skills. They showed a significant level of 5% with the gains ranging from 3 to 17 months. This particular skill was the major stress of the program and since it correlates highly with I.Q., Verbal Labeling, and S.Q., it also gave a 5% significance level to each of these skills as depicted within levels.

Achievement gains also reached a 5% significance level. The greatest gains were in the area of verbal labeling and in the ability to manipulate concepts on the cognitive level. Significant change occurred in the area of Visual Perception on both the cognitive and motor levels. Also, significance was shown in hand-eye coordination as a function of the I.Q. Change was also noted in overt "achievement motivation". During the course of the project, the children showed increasing gain in social interaction and desire for immediate feedback in terms of their success-failure ratio.

The gains made by the majority of these children were such that they are capable of competing in the regular school program. It can be said that the change placed them on a near-expected age norm for language development. The area of speech showed positive growth but did not reach the 5% level of significance.

A summary discussion with parents indicated an enthusiastic feeling about the program and the change that has occurred in the children. In many cases the program facilitated the easing of tension in the home situation that had developed within the family constellation because of the particular disability involved.

In all instances attendance in the program was excellent by both children and parents. Informal quizzes with the parents as well as group work done on structural situations revealed significant change occurring in not only the areas of the disability but also a growth in the understanding of the composite factors that promote good mental health in the home. Attitudes changed in the area of child rearing practices as well as modeling procedures.

Workshops and in-service programs produced a pronounced change in teachers' attitudes toward the type of disability encountered, current functioning performance levels, and the amount and type of performance objectives that could be developed in light of expected progress. The teachers exhibited an inquiring attitude toward the area of speech and language handicaps.

For six of the children involved, growth in the program did not allow for full participation in the regular school program. A class has been established that will allow these children to share their school time between the regular academic program and this class.

In addition to these projects, a follow-up questionnaire form was sent to each participating district in order to determine the uses made of the information supplied by the Project Child Survey. In particular, the form indicated the number of children given follow-up testing and the number of children diagnosed as having a handicapping disability. It was determined, through dissemination of these surveys as well as the information supplied by the Title III Projects, that of the 4265 children with potential handicaps as identified by the parents, 1007 were followed-up and 587 were professionally diagnosed as having a disability. The disabilities occured in the following prevalence:

Speech	279	Behavior	41
Head	149	Mental	14
Body	72	Other	32

The questionnaire follows:

EDUCATIONAL IMPROVEMENT CENTER
Pitman, N.J.

"Project CHILD"

FOLLOW-UP QUESTIONNAIRE

1. Number of children identified by parents (results of printout of "Project CHILD" survey). _____

2. Number of children seen by Project or District _____

3. Number of children seen by Project or Districts who were identified as having a disability which might cause the youngster difficulty in learning.

DISABILITY	NUMBER	DISABILITY	NUMBER
Eyes	_____	Nervous System	_____
Ears	_____	Speech	_____
Nose	_____	Mentally Retarded	_____
Throat	_____	Cerebral Palsied	_____
Arms	_____	Brain Damaged	_____
Legs	_____	Other	_____
Skin	_____	Behavioral	_____
Heart	_____	Perception	_____
Lungs	_____		

4. Number of diagnosed children who are receiving some type of remedial or physical help. _____

5. Number of children diagnosed by the District who had additional problems other than those indicated by parents. _____

6. How many professionally diagnosed children were:

_____ Pre-School _____ Kindergarten

60

7. How many children on the average have been diagnosed in the past?

_____ Pre-School, _____ Kindergarten

8. Please describe techniques used by the District in diagnosing children listed by parents as having potential learning problems.

9. What suggestions do you have for techniques to identify pre-school children with learning problems?

10. What is your opinion of parental involvement in the identification process of learning disabilities?

_____ Name of District or Project _____ County

_____ Name and Title of Person Filling Out Form

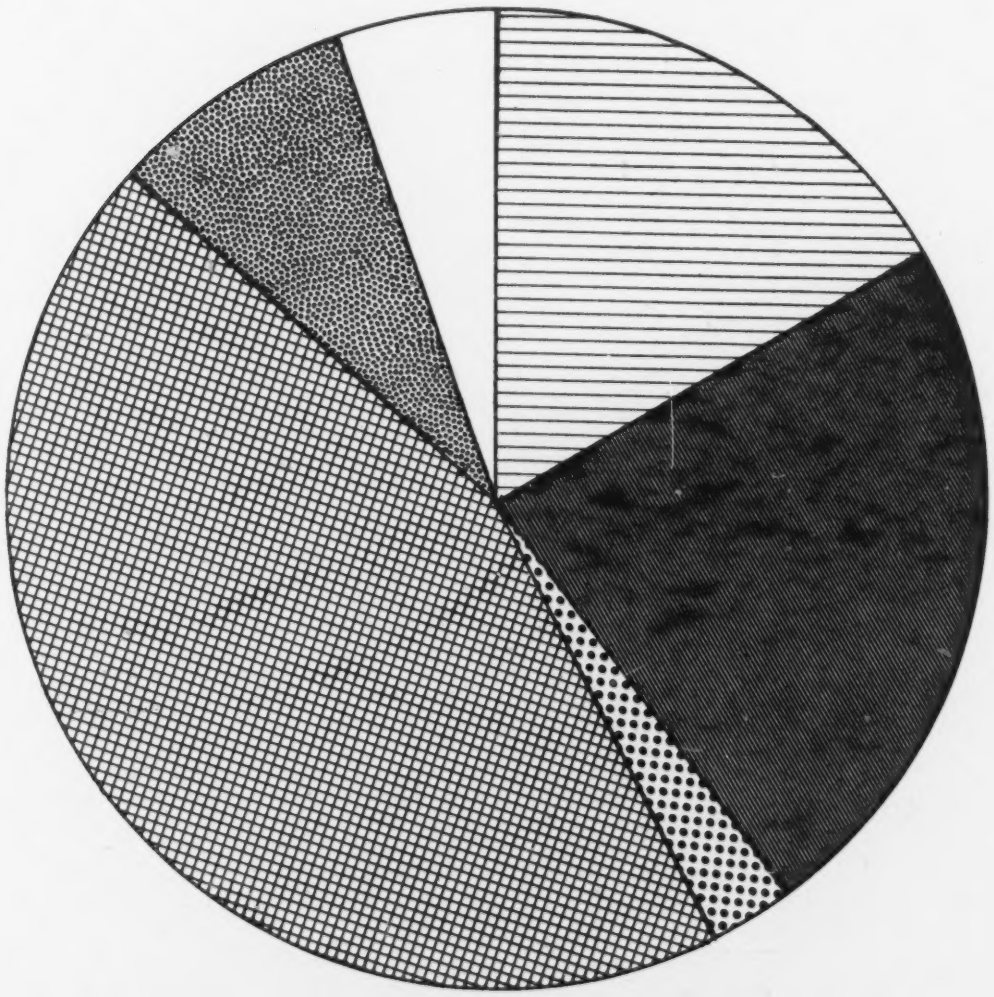
_____

The following chart and graph is a compilation of the results of the four Title III Projects and the forms returned by the participating districts regarding findings in reference to Project Child follow-up activities.

FOLLOW-UP TEST RESULTS FOR EACH COUNTY

COUNTIES	NO OF CHILDREN FOLLOWED-UP	FOLLOWED-UP CHILDREN DIAGNOSED AS HAVING A DISABILITY
ATLANTIC	159	79
BURLINGTON	44	22
CAMDEN	242	129
CAPE MAY	72	42
CUMBERLAND	42	15
GLOUCESTER	341	260
OCEAN	39	8
SALEM	65	32
TOTALS	1007	587

INCIDENCE OF HANDICAPS



EIGHT COUNTY FOLLOW-UP RESULTS

- head handicaps
- body handicaps
- mental handicaps
- speech handicaps
- behavior handicaps
- other

63

CHAPTER IV

CONCLUSIONS & RECOMMENDATIONS

Recent findings have shown the very vital importance of the early childhood years and their critical effect on the child's later development. Special education experts believe that more than 50% of handicapped children can have their condition alleviated or sometimes cured if medical and special education services can be provided during the earliest formative period when children are most responsive to treatment. If the condition can be corrected before the child enters school, he will be spared the degrading and reciprocal effect of failure and his chances for a normal happy life will be much greater.

One of the problems facing educators whose objectives are to provide early remedial treatment to the handicapped youngster is to find those who need help. The Project Child Survey was found to be an effective device to screen the pre-school population for disorders that could lead to a learning disability when the child enters school. The use of parent identification was adequate when employed as a screening agent. Further follow-up investigation by qualified personnel was needed to positively identify those children with handicaps. On 15% of all the survey forms collected, parents indicated that there was a problem. Of those followed-up, 50% were found to have an actual handicap. Based on projected estimates approximately 7½% of the total pre-school population screened will have a handicap. One can see by studying these figures that parents are indeed a good source of information for screening.

The project also served to make the public more aware of its handicapped populations and of the necessity of the educational system to serve all of its constituents, the handicapped as well as the normal child. Many parents of handicapped youngsters, as a consequence of the survey, were made aware of agencies and institutions that could be of help to them. An additional benefit of the project is that it served to open the doors to communication between the parents and the school so that the children could be followed-up with minimal parental objection.

Although the survey instrument proved to be adequate, it was felt that it could be improved to be even more effective. More specific information could have been gathered from the parent if the survey form had been more detailed in its questions. Perhaps an additional instrument could have been distributed prior to the distribution of the actual survey. The purpose of this would be to inform the parents of possible handicaps and their symptoms. Perhaps a series of simple exercises or tests could be included so that the parent could administer them in order to assist in identifying any problems. There was some misunderstanding on the part of the parents in relation to the use of this survey and it was felt that this contributed to a diminished number of questionnaires returned. A revision of the survey instrument and its terminology would serve to clarify it. Also, a second form to parents indicating a potential problem would further reduce the costly expense of diagnosing children not having serious learning disabilities.

The staff of Project Child would highly recommend the efficacy of pre-school identification and feel that parents are certainly a useful agent in the

process of identification. It is also felt that the parents should be included in the follow-up procedures and that they should be utilized in the remediation programs where possible. They could be trained in remediation methods to be used in the home and programs outside of the home.

It was felt that a set of guidelines compiled from the process of Project Child could be drawn up for use by other districts who wish to conduct a similar survey. It is recommended that some changes be made in the process. Management of the survey on a local level would be more efficient than a regional or state-wide effort as was used in the eight county survey in southern New Jersey. The effort that was directed toward co-ordinating the region was monumental and tended to encumber the project. If the survey would be conducted on a local level, more of the population could be reached and the results would ultimately be more successful.

When the Project Child staff decided to request the PTA services in disseminating the survey questionnaire, they first approached the PTA state president with the project. When the PTA's of the eight counties agreed to the objectives of the survey, the school districts were approached. It is felt that it would be more effective to first interest the administration and superintendents of the school districts and then let them conduct the survey in the manner most effective for their district. Since the information resulting from the survey is most useful to the members of the Child Study Team, it is felt that they would be most influential in organizing the project and in coordinating the project within the system. The paid staff within the auspices of the schools should be the initiators and the volunteers solicited by them.

There is little doubt that the individual school district should be responsible for screening its pre-school population. There are a number of ways to conduct the screening and the method used by Project Child is only one way. Because of its reliance on volunteer services, it was not completely successful in reaching the entire pre-school population in each county. Although results varied within each county, generally only ½ of the estimated preschool population was reached by the survey. Parent identification was found to be reliable but more effective means of reaching the public should be investigated.

One suggestion made by the Project Child staff was to have mandatory registration of every child in a district at the age of three. The parent would bring the child to the school as is done with kindergarten registration. At that time, a questionnaire would be issued and completed during the course of registration. There are several advantages to this method. First, the school would have an accurate record of its incoming population two years in advance. Second, the in-person registration would provide the opportunity for an initial screening of any potential problems in the school population. Third, if the questionnaire is completed at that time, there is ample opportunity for discussion of any points on the questionnaire. Fourth, should any questionnaire indicate a potential learning handicap, there is ample time for further testing and possible correction of the problem. It is hoped that the present emphasis on early childhood education might result in legislation which would make this type of screening mandatory in the near future.

In any event, it is strongly felt that Project Child should be an ongoing program and that the project was extremely valuable in serving to reach the goal of equal education for each member of society.

The following chart showing the summary of returns is the information gathered regarding completion of Project Child in an additional seven (7) counties of New Jersey. It does not include follow-up projects as these are now being developed for future implementation. In comparing the results of the southern regional survey and those of the additional area, it is interesting to note that percentages, figures and findings are similar. The future of Project Child includes coordinating follow-up projects in the second area, and the conducting of the survey in the remaining six (6) counties of New Jersey.

SUMMARY OF RETURNS

COUNTY	TOTAL POPULATION (1970)	POPULATION OF DISTRICTS SURVEYED	*ESTIMATED PRE-SCHOOL POPULATION	NUMBER OF RETURNS	NUMBER INDICATING PROBLEM(S)	TOTAL ELEMENTARY DISTRICTS	NUMBER OF DISTRICTS PARTICIPATING
Hunterdon	69,718	57,537	4,718	2,574	347	25	23
Mercer	305,616	116,343	9,540	5,429	580	9	5
Middlesex	582,165	316,904	25,986	10,761	1,165	28	16
Monmouth	459,379	396,421	32,507	18,164	1,830	45	36
Somerset	198,372	107,045	8,778	1,771	362	17	11
Sussex	77,528	68,140	5,587	3,859	465	20	19
Warren	78,879	28,276	2,319	1,521	181	20	14
Totals	1,771,657	1,090,666	89,435	44,079	4,930	164	124

*Based on state average of 8.2% of total population.

Note: Although these figures are accurate to April 20, 1972, the final figures will be somewhat higher as several districts are still surveying.